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CRACK TRAFFICKING IN RURAL AMERICA

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

THE GROWING PROBLEM OF DRUG ABUSE AND DISTRIBUTION IN RURAL AMERICA

APRIL 10, 1989

GEORGETOWN, DELAWARE

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CRACK TRAFFICKING IN RURAL AMERICA

MONDAY, APRIL 10, 1989

U.S. Senate,
Committee on the Judiciary,
Georgetown, DE.

The committee met, pursuant to notice, in the Sussex County Courthouse, Georgetown, DE, Hon. Joseph R. Biden, Jr. (chairman of the committee) presiding.

Present: Senators Biden and Thurmond.

OPENING STATEMENT OF CHAIRMAN BIDEN

The Chairman. The hearing will come to order.

Let me begin by not only welcoming our witnesses and the audience today, but my good friend from South Carolina. Let me welcome him to the first State and to this historic county. Senator Thurmond had a number of questions for me about the county on the way over. I want you to know that after we hear from the witnesses, there will be a quiz with all the members of the audience. [Laughter.]

I would also like to thank very much the superior court and the judges for their cooperation in making available this beautiful courtroom and for allowing us to do what I am sure we have done--disrupt their normal day. But I hope you all feel—and I know that Senator Thurmond feels—that what we have to discuss today is a matter of significant importance.

I have a brief opening statement, then I will yield to my colleague from South Carolina, and then we will begin by introducing the witnesses to begin the hearing.

Ladies and gentlemen, we are here today in the kind of town that used to offer an escape from all the difficulties of the city. Certainly, from the distinctly urban problem that we thought in the past was only an urban problem—that of drug abuse and the effects of illegal drugs.

We are here today because the escape no longer exists, at least not to the extent that it has in the past. I do not mean to speak just of Georgetown or Sussex County, but of the tens of thousands of towns like Georgetown and thousands of counties like Sussex County throughout the United States of America.

Because this escape no longer exists, if we are ever going to address the issue of drugs in rural America, we are going to have to start to recognize that the problem is here. It is now and it is pervasive and it is damaging and it threatens much of what we value. It seems to me that we have to respond.

I believe that the drug problem is, in fact, the most serious domestic challenge we face, and that we must place it at the top of our domestic priorities. The fact is that drugs are undermining the most basic of our institutions, the most basic of our societal values.

Our schools: In one survey of teachers 20 years ago, they were asked to list those things which were the greatest problems in the school systems of the day in the United States of America in the years 1968 and 1969. What they listed at the time were the following, in the following order.

These were the most serious problems they said that existed in American schools 20 years ago from teachers and administrators: Running in the hallways, cutting in line, talking in class. They were the three most serious problems listed 20 years ago.

Today, asked the same survey, the same group of teachers list first, drugs; second, violence in the classrooms. They even list, on the list of six items, terrorism and bombings. Things have changed a little bit in 20 years.

Other institutions in our society are communities and our neighborhoods. Many of our communities have been literally taken over by drugs and drug gangs and have been turned into open-air markets—emporiums for drugs.

Our institution of law enforcement, our police and our court systems are so overrun with drug cases and our prisons are so crowded, we cannot guarantee that even the major drug traffickers we do catch and convict will serve their full term in jail.

The threat to these institutions exist in every city, in every State, at every level. So today, in a partial response to that threat, Dr. Bill Bennett, the new Federal drug czar, will declare Washington, DC—he is having a press conference today, right now, if I am not mistaken, declaring Washington, DC, a "high intensity drug trafficking area." He will call for increased efforts to fight drugs in that city, where like so many other urban areas, drugs and drug-related crimes have reached epidemic proportion. These efforts could include calling out the National Guard, among other things.

Senator Thurmond and I have come to Georgetown, DE to talk about the same issue. Sussex County is part of what has been labeled, in a new report on the war on drugs, "the crisis in rural America." The problems we see in Washington and Philadelphia and in Wilmington are the same as the problems we see in rural Delaware, rural Pennsylvania, and rural South Carolina.

We used to think that the value systems that are the pride of our small towns: Close community ties, concerns for neighborhoods, door-to-door relationships—all these family values, we thought, would keep drugs off our streets and out of the hands of our children. But now these values are under siege because the drugs are in the hands of our children.

National drug experts report that small towns throughout the country are, in increasing numbers, falling prey to big-city pushers. The pushers see easy pickings and big potential profits, and they see police forces that can be outmanned and outgunned by drug forces. That intrusion of our city drug problem into rural America is certainly evident in every State. And we are to find out just how evident it is in the State of Delaware and in the county of Sussex.

In 1987, the police department in Seaford seized 5 pounds of crack from a traveler arriving at a local bus station. Five pounds of crack translates into 10,000 hits of highly addictive drugs—10,000 shots, 10,000 opportunities for children and people in this community to take the drug crack.

Drug arrests in Sussex and Kent Counties have gone up 74 percent in just 2 years. Remember our horror several years ago when a crack user walked into a Sussex County convenience store and shot the clerk dead in order to get money to buy crack. And in a most troubling and frightening effect of the crack problem, addicts are trading sex for drugs; creating a new network for the spreading of AIDS in rural America.

One AIDS-infected baby has already been born in Sussex County and the chief medical officer of this county predicts that hundreds of similar cases are likely to occur in the next several years.

This begins to sound like the city, but this is what is happening in rural America, in rural Delaware. Unfortunately, the drug problem in rural areas has mirrored the national crisis in another respect—the lack of adequate commitment and response, in my view, from the Federal Government.

Federal officials in Washington keep telling us that their responsibility is to focus on the biggest trafficking in our major cities, saying that drugs elsewhere are the problem of local and State prosecutors. But while it is unreasonable to expect the Federal Government to do everything everywhere, it is also certainly unreasonable to expect a police chief in a town in rural Delaware to dismantle a multistate drug trafficking network of Haitian immigrants or to shut down one of the largest drug pipelines in the country—the corridor from Florida to New York City.

In his inaugural address, President Bush declared that the drug scourge will end. Last month, he brought that message to Delaware and to Lancaster County, PA, signaling that he agrees that the Federal commitment must be increased and that the Federal job does not end at the city limits of Philadelphia, Baltimore, or New York.

It is good news to the residents of rural America and of rural Delaware that the President has recognized the need to take the antidrug campaign beyond the cities into our towns and into our communities. And the appointment of the first Federal Drug Policy Director is also good news.

Last month, Senator Thurmond and I held confirmation hearings on Dr. Bennett, marking the conclusion of 8 years of work devoted to making sure that the drug problem is being addressed at the highest levels of the Federal Government and that someone at the Federal Government level is making judgments as to how much of our effort goes to rural America, how much goes to our cities, what proportions and in what ways, and to what extent. That is the job of the new drug czar.

For the first time, we will have a comprehensive national drug plan that outlines how we will attack the drug problem over the next 5 to 10 years. The drug problem in rural communities must be included in that national strategy if it seeks to be comprehensive and genuinely responsive to the threat to American society.

When we fight drug trafficking and drug abuse, we fight for the integrity of the structure of values that unites all Americans and all neighborhoods—a structure in which rural communities have always held and always will hold a special place. That is why I believe these hearings today, which will not be the only rural hearings we will hold in America—but they will start here in Georgetown, DE—are so important to determining how we are going to approach what hopefully will be, for the first time, a comprehensive, coordinated fight on this problem.

I yield to my colleague from South Carolina.

OPENING STATEMENT OF CHAIRMAN THURMOND

Senator **Thurmond**. Thank you very much, Mr. Chairman.

I am very pleased to be in Delaware on this occasion. I happen to be a member of the Bicentennial Commission to celebrate the Constitution of the United States, and when one considers the Constitution, you think about the convention that was held in Philadelphia in 1787, and the States that attended it. Then after it was adopted September 17, 1787, the States were joined. And Delaware was No. 1.

You were the first State to join the Union. That gave encouragement to the other States to adopt the Constitution also, my State having been the eighth State, which was adopted May 23, 1788. But we are very proud of that document and no document in history has done as much for the people of this country, or any country in the world, as that document, the Constitution.

It has given this country more freedom, more justice, more opportunity, and more hope than any document has ever given any people on the face of the Earth. So, I congratulate the people of Delaware on being No. 1 in joining the Union.

I am also very pleased to be here and attend this hearing on account of Senator Biden. I was chairman of the Judiciary Committee for the first 6 years under President Reagan.

The **Chairman**. You still are, Mr. Chairman.

Senator **Thurmond**. And then the Democrats took over. Now my friend is the chairman. I want to say that I have great respect for him. We are in different parties, but I admire him and what he stands for. I admire his character, his courage, his integrity, his ability, his dedication, and I am very pleased to come to his home State. As I say, although we are in different parties, we work together for the good of the country.

The **Chairman**. Thank you, Mr. Chairman.

Senator **Thurmond**. I want to say this, that on the drug question, I do not know of anybody in Congress that has done more than Senator Biden. I will give him credit for that. He has advocated for a long time, long before this present law was set up, to have one person in charge at the Federal level, and he called it a drug czar, and people today even call it a drug czar. The official name is Director, I believe. At any rate, it is the same position. I congratulate you, Senator Biden, on your accomplishment in handling the drug question at the Federal level.

The **Chairman**. Thank you, Mr. Chairman.

Senator THURMOND. Now, I am just going to make brief remarks and then we can start into the hearing.

I am very pleased to be here on this important hearing. We are assembled to consider testimony on the growing crack cocaine epidemic, not as it relates to the more publicized problems in major urban areas, but to focus on the current and growing problem in rural areas. I grew up in a small town like this, too, and no one ever dreamed we would be having drugs in these small towns, but it is coming.

As you know, South Carolina has many rural areas which geographically make up a majority of the State. It is disturbing to hear that this problem has spread into these small communities. Today, we will hear testimony from various arms of law enforcement, prosecutors, and administration officials, who will discuss the efforts being waged on this new battlefront and will testify as to the surge of crack abuse in rural America.

We will also be hearing from the people who have witnessed the devastating effect of crack cocaine in their once drug free, peaceful communities. Drug abuse is on the rise throughout America, but it is increasing at an even greater rate in rural communities. According to U.S. Department of Justice statistics, arrests for drug abuse violations in rural counties increased by close to 20 percent between 1986 and 1987, compared to an increase of 11 percent in our Nation's cities.

Crack abuse is a major contributor to this problem. Nightly newscasts are full of scenes of police making raids on inner-city crack houses. The sad problem is that crack houses exist in the countryside as well. No community is safe from the effects of drug abuse.

Crack is a highly concentrated and addictive form of chemically altered cocaine that is smoked by users and purchased for as little as $10 a dose. The drug is distributed throughout the Nation and into rural communities by sophisticated drug networks involving street gangs and others who care only about making fast money with no regard for the lives they destroy.

Another factor must be considered—crack cocaine has brought with it a level of violence we have never seen with other drugs. Desperate addicts have turned to armed robbery and other crimes to finance their habit while bloody battles over turf between drug dealers have turned our once quiet streets into war zones. Unquestionably, with crack comes violence. People in rural areas are beginning to face the growing violence associated with the drug problem, as residents of cities have for some time.

Crack has turned the drug problem into a violent crime issue. Parents have begun to not only fear that their children will use drugs, but also begun to fear that their children will be gunned down in their once-safe schools and communities.

In closing, I know that our fight to win the war on drugs will not be easy; yet, one just has to witness the crime, violence, and heartbreak that drugs cause to realize we must not give up. The increase in drug abuse and its related violence strengthens my commitment to increase our efforts and continue the war on drugs.

As a nation, we must make every effort to fight this drug epidemic, which confronts us in our cities, suburban areas, and now rural communities, through the enactment of tough criminal penalties and education that warns everyone about the dangers of drug abuse. The testimony we will hear today should shed some light on how we can best accomplish these goals.

For these reasons, I look forward to today's testimony and feel it will be very helpful. We appreciate the interest of the people in this community in attending and sharing your ideas. It shows you are interested, and you ought to be interested, because your children, the future citizens of this country, have their lives at stake, and you yourself, have your lives at stake. The drug problem must be solved and we hope to do it.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator.

Before we begin, I have got to tell you all one Strom Thurmondism. We celebrated last week, in a very touching and historic ceremony, the 200th anniversary of the U.S. Senate moving from the old Senate Chambers in the Capitol to the new Senate Chambers in the Capitol. We convened the Senate, for the first time in a long time, in the old Senate Chambers. There were two relatively brief speeches, and then we marched, as they did 200 years ago, to the new Senate Chambers to take our seats.

There was a rollcall—a rollcall of the States. The first person to be called was my senior colleague, Bill Roth, representing the State of Delaware, as the senior man in the Senate, to answer the rollcall as the first State.

They got to Senator Thurmond speaking for South Carolina, and each of us stood up, each of the States stood up, named the first two Senators and what order they came into the Union, how long they served, and sat down. Senator Thurmond stood up and said, "Although South Carolina was not the first State to enter the Union like Delaware, we were the first to leave." [Laughter.]

Senator THURMOND. We had to be first in something. [Laughter.]

The CHAIRMAN. But I want to thank you again, Strom, for coming over. I know people in Washington still cannot figure out why you and I are such good friends, but the reason we are such good friends is you are a man of incredible integrity and a quintessential legislator. Whenever you give your word on something, you do it, and you are a great man to work with. I appreciate it very much.

Again, I know you are not going to be able to stay for the entire day, but I do appreciate your coming, and now we can get underway. Enough of the preliminaries.

Senator THURMOND. Thank you.

The CHAIRMAN. Our first panel will be made up of law enforcement officers; our second panel will be Federal officers; our third panel is going to be Kent and Sussex Counties citizens; and the fourth panel will be principals and teachers from Kent and Sussex high schools. That is the order in which we will proceed. Now, let us move to our first panel.

Our first panel is made up of a very distinguished group of law enforcement officers and members of the law enforcement community. William Carpenter, one of the most distinguished U.S. attorneys in the system, and the U.S. attorney for the District of Delaware, is here this morning. Charles Oberly, a good friend and a great attorney general, the attorney general of the State of Delaware, is here this morning.

Capt. Chuck Pugh of the Seaford, DE, Police Department, is here this morning, and I welcome him. Sgt. Harvey Leighty of the Delaware State Police, is here. Sgt. Earl Dennis, Maryland State Police—and we want to thank you very much for taking the time to come over to God's side of the line. [Laughter.]

And Chief James C. Hutchison of the Dover Police Department is also here and we appreciate it.

Gentlemen, I would like to suggest that we hear from you in the order you were called—Carpenter, Oberly, et cetera—and if you could keep your opening statements to 5 minutes, it would be very much appreciated. Your entire statement will be placed in the record. And then we will get into a question-and-answer period that hopefully will shed some more light on the situation here in our State and in the neighboring State of Maryland.

Mr. Carpenter, welcome, and please proceed as you would like.

STATEMENTS OF A PANEL CONSISTING OF WILLIAM CARPENTER, U.S. ATTORNEY, DISTRICT OF DELAWARE; CHARLES OBERLY, ATTORNEY GENERAL OF THE STATE OF DELAWARE; CAPT. CHUCK PUGH, SEAFORD, DE, POLICE DEPARTMENT; SGT. HARVEY LEIGHTY, DELAWARE STATE POLICE; SGT. EARL DENNIS, MARYLAND STATE POLICE; AND CHIEF JAMES C. HUTCHISON, DOVER POLICE DEPARTMENT

Mr. Carpenter. Thank you, Mr. Chairman, Senator Thurmond. I appreciate the opportunity to appear this morning to discuss the crack problem in rural Delaware. Since I grew up on a farm outside of Milton not far from here, I have a particular hometown interest and loyalty to the citizens of this county. As a result, since assuming the position of the U.S. attorney, one of my priorities has been to increase the Federal presence here in this area.

I believe you will leave today recognizing that we have become an equal partner with our State and local counterparts in addressing this drug problem. I would like to first give the committee a brief overview of the crack activity, which will be addressed in more detail by law enforcement officers here; then turn to the cooperation that we are experiencing between the investigation and prosecution authorities; and finally, if time permits, discuss several cases.

Beginning in 1986, the Drug Enforcement Administration, the Delaware State Police, and the Seaford Police Department first began to encounter the introduction of crack by Haitians in the western part of this county. It is believed that the Haitian immigrants first came to the area to find employment in the agricultural and poultry industries.

From an early beginning of limiting its distribution to basically black-Americans, Haitian crack distribution has grown to open street selling in at least 10 small communities. Until recently, all indications were that the crack was coming from Florida and being carried by courier to Delaware by either car, bus, or train.

However, recently, investigations have uncovered evidence that those who are now distributing in our communities are traveling to nearby cities, and especially Philadelphia and Aramingo Avenue—which you have heard much about in the news—returning to Delaware, cooking the cocaine to crack, and then selling it on our streets.

Since 1986, over 38 defendants have been arrested for crack distribution in this area and prosecuted by the U.S. attorney's office. The efforts in this area have benefited from——

The **Chairman**. How many did you say?

Mr. **Carpenter**. Thirty-eight.

The efforts in this area have been benefited from outstanding cooperation between all levels of the law enforcement community. Particular praise should be given to the efforts of the Drug Enforcement Administration. John Wilder and Sam Billbrough and Bill Glanz and now Larry Whitfield, who are the special agents in charge and resident agents in charge, have been extremely supportive.

I think it is important to note—and the reason I bring this up—is that they have recognized that they also need to be involved in this area, although it was not particularly in line with the national strategy at the time. As a result of our efforts of going to them and asking them to become involved, they responded.

Special Agent Fitzgerald of the Drug Enforcement Administration has been a particularly dedicated and effective agent in this area.

The Delaware State Police and the Seaford Police Department also deserve special recognition. All of these entities working together have played critical roles in the law enforcement success. The cooperation and good working relationships have also extended to the two prosecuting authorities in the State.

In an effort to ensure that the most appropriate and effective utilization of both Federal and State prosecution and investigative resources were obtained, Attorney General Oberly and I established, in October 1987, a memorandum of understanding concerning the prosecution of drug offenses in the State.

In regard to crack distribution in lower Delaware, the U.S. attorney's office assumed responsibility for prosecuting individuals or organizations with significant out-of-State connections, or those who had no longstanding ties to the State of Delaware.

As a result of the Anti-Drug Abuse Act of 1988, that agreement has now been modified to take advantage of the minimum mandatory sentencing provisions of that act. As of the 1st of March, our office has assumed primary prosecution responsibility for crack distribution that exceeds 5 grams. As the Senators are aware, that will allow us to take advantage of the minimum mandatory 5-year's incarceration.

This 5 grams equates to approximately $250 of crack on the street. I have designated an assistant U.S. attorney, Bob Prettyman, to oversee this effort. Bob is also cross-designated as a special deputy attorney general and we have cross-designated the head of the State's drug unit, Jeff Bartels, as a special assistant U.S. attorney.

I have listed seven cases which will be put into the official record when I put my statement forward, but I would like to emphasize one, if I may. Patricia Edwards and Elizabeth Harmon was one of our most recent cases. I think they perhaps best demonstrate the type of organization that we are now seeing and the source of the drugs.

In late 1987, and the first 8 months of 1988, this mother/daughter team sold over 400 grams of crack. During the early stages of this investigation, the sources of the drugs were from Florida. However, when the sources became less accessible, these women sought and obtained the pure powder cocaine from Aramingo Avenue in Philadelphia, and had their employees cook the powder here in lower Delaware, and sell it as crack called "fresh."

Edwards and Harmon had at least three middle-level distributors—Sterling Andrews, Ricky Bell, and George Harmon—all working for them. Each of these individuals has been prosecuted and convicted in U.S. district court. Elizabeth Harmon received a sentence of 90-months incarceration and the sentence was this low basically because of her willingness to cooperate with the United States in its ongoing investigations.

Ricky Bell and George Harmon received 5 years; Sterling Andrews received 9 years; and Patricia Edwards recently was sentenced, I believe last week, to 20 years incarceration.

Finally, I would like to comment on what I perceive is one of the most beneficial tools provided to law enforcement by Congress in the last several years and that is the forfeiture provisions of title 21. It has been a great asset to allow us to share assets with State and local law enforcement to buy needed equipment and finance investigations that would have been difficult to do otherwise.

It has also greatly benefited us in Federal law enforcement because it has been an incentive to State and locals to consider this problem in a cooperative manner. Since 1987, this program has allowed us in Delaware to share over one-half million dollars in assets with State and local law enforcement and this fiscal year, we have seized nearly $1.4 million and have instituted proceedings to forfeit those assets.

This is a statutory provision clearly worthy of our support and any effort to reduce its effectiveness should be rejected.

The CHAIRMAN. I want to add at this point that you and the attorney general were very helpful in the hearings we had, as you will recall, helping us to get that amended—that forfeiture provision some time ago.

Mr. CARPENTER. Thank you, Senator.

There is one provision that was passed in the 1988 bill, which is causing some great concern and confusion, and I would ask that the Senators, as they address the congressional mandate as they go this year, look into the provision dealing with the circumvention of State law provision. As you know, the 1988 bill prohibited the circumvention of State law in the use and disposition of Federal forfeited assets.

That has caused a great deal of concern by many of my colleagues. In some States, there are some constitutional prohibitions in regard to the use of forfeited assets. I would strongly urge that this provision be reviewed. It becomes effective in October, so there is some time for us to enact any amendments that we need to do so.

Obviously, with these efforts, crack distribution continues to be a very serious problem. We strongly believe that the 1988 amendments will be of tremendous assistance to us. In light of our recent agreement with the attorney general, we look forward to taking an even more active role in this area.

Thank you, Senator.

[The statement of Mr. Carpenter follows:]

U.S. Department of Justice

United States Attorney
District of Delaware

J. Caleb Boggs Federal Building
844 King Street, Room 5110
Wilmington, Delaware 19801

302/573-6277
FTS/487-6277

STATEMENT

OF

WILLIAM C. CARPENTER, JR.

UNITED STATES ATTORNEY

DISTRICT OF DELAWARE

BEFORE

THE

UNITED STATES SENATE

COMMITTEE ON THE JUDICIARY

CONCERNING

CRACK/COCAINE IN DELAWARE

ON

APRIL 10, 1989

IN

GEORGETOWN, DELAWARE

Mr. Chairman, I appreciate the opportunity to appear this morning to discuss the crack problem in rural Delaware. Since I grew up on a farm outside of Milton not far from here, I have a hometown interest and a particular loyalty to citizens of this county. As a result, since assuming the position of United States Attorney, one of my priorities has always been to increase the federal effort in this area. I believe you will leave today recognizing that we have become an equal partner with our state and local counterparts in addressing the drug problem. I would like to first give the committee a brief overview of the crack activity which will be discussed in more detail by the law enforcement officers here today and then turn to the cooperation between the investigative and prosecutive entities in the state and then discuss several cases the committee may find of interest.

Beginning in 1986, the Drug Enforcement Administration, Delaware State Police, and the Seaford Police Department first began to encounter the introduction of crack by Haitians in the western part of Sussex County. This area bordering Maryland's eastern shore is made up primarily of farming communities, and it is believed that the Haitian immigrants first came to the area to find employment in the agriculture and poultry processing industries. From an early beginning of limiting its market to black Americans, Haitian crack distribution has grown to open street selling in at least ten small communities. An early common thread of those distributing was a connection to the Haitian community located in Ft. Pierce, Florida. Although it would be logical that this common association would lead to a controlling organization in Florida, informants and arrest and search warrants conducted by law enforcement failed to identify such a group. Instead, it was believed that the commonality of nationality merely provided easy access to crack by those now residing in Delaware. Until recently all indications were that crack was purchased in Florida and then carried by courier to Delaware by individuals using private automobiles, trains and buses. However, recent investigations have uncovered evidence that Haitians and others in the community now distributing crack are beginning to travel to nearby cities, especially Aramingo Avenue in Philadelphia, to purchase cocaine and are converting it to crack upon their return. Since 1986, over 38 defendants relating to crack distribution have been convicted from this area and prosecuted by the United States Attorney's Office.

The efforts in this area have benefited from outstanding cooperation between all levels of the law enforcement community. Particular praise should be given to the efforts of the Drug Enforcement Administration. John Wilder and now Sam Billbrough, Special Agent in Charge in Philadelphia and Bill Glanz and now Larry Whitfield, Resident Agent in Charge in Delaware, have been extremely supportive of our office's efforts and demands. They too have recognized the need to become involved in this area, and while perhaps not always in line with the national strategy, committed one of their three agents to be an active participant in this law enforcement effort. Special Agent Fitzgerald of the Drug Enforcement Administration has been a dedicated and effective agent, and many of the successes we have experienced to date can be directly related to his efforts.

The Delaware State Police and the Seaford Police Department also deserve special recognition. Clearly the Special Drug Enforcement Unit South of the Delaware State Police and the detectives of the Seaford Police Department, working together with DEA, have all played critical roles in the law enforcement success in fighting this crime. As a result of their dedicated efforts, officers from all three of these agencies have been recognized by our office in the presentation of our annual LECC award which is given to recognize those who have contributed to the attainment of the highest standards of cooperative law enforcement and justice. You may recall, Senator Biden, that you presented this award to Special Agent Glanz last year.

The cooperation and good working relationship has also extended to the two prosecuting authorities in the state. In an effort to insure that the most appropriate and effective utilization of both state and federal prosecution and investigative resources were obtained, Attorney General Oberly and I established in October of 1987, a memorandum of understanding concerning the prosecution of drug offenses in the state. In regard to crack distribution in lower Delaware, the United States Attorney's Office assumed responsibility for prosecuting individuals and/or organizations with significant out-of-state connections or who had no long standing ties to the state of Delaware. As a result of the enactment of the Anti-Drug Abuse Act of 1988, that agreement has been modified to take advantage of the minimum mandatory provisions relating to crack. As of the first of March, 1989, our office has assumed primary prosecution responsibility for any crack distribution that exceeds five grams. This would equate to a street value of approximately $250.00. Robert Prettyman, an Assistant United States Attorney in my office, is overseeing this effort. Bob is also cross-designated as a Deputy Attorney General for the State of Delaware, and the head of the Attorney General's Drug Unit, Jeff Bartels, has been appointed as a Special Assistant United States Attorney. In addition, as a result of Congress's appropriation of funds to hire additional attorneys to handle asset forfeiture matters, our office has added Carolyn Greene to our staff. Her primary responsibility is to coordinate the asset forfeiture activities of the various law enforcement agencies and to promptly litigate those matters in the United States District Court when necessary.

To provide you with an idea of the activity in this area, we have listed seven examples of cases our office has prosecuted:

a. Eric Jean - This Haitian national was arrested along with his wife Betty Jean (American black female) in 1988. Eric and his wife were convicted of money laundering and distribution of crack in the United States District Court. Eric Jean was sentenced to 156 months in prison, 60 months special parole and a $150.00 fine.

Betty Jean was sentenced to 36 months in prison and a $50.00 fine. An associate of the organization, Joubert Jean, was sentenced to 36 months in prison, 60 months special parole and a $50.00 fine.

b. Lorueus Alexandre aka Well Thomas - This Haitian male was arrested on February 20, 1987, in possession of approximately three pounds of crack and over $24,000.00 in U.S. currency. Mr. Thomas oversaw an organization of at least four other individuals all which have been convicted and sentenced as follows: Well Thomas - 144 months in prison, 36 months special parole, $100.00 fine; Rosette Germain - 120 months in prison, 72 months special parole, $150.00 fine; Cherubin Versaint - 60 months in prison, 36 months special parole, $100.00 fine; Philistine Jean - 84 months in prison, $50.00 fine; and Derniela Remedor - 24 months in prison, $50.00 fine.

c. Josette Guirand - Ms. Guirand is a Haitian female who is believed to be associated with the Well Thomas organization. She was arrested at the Wilmington, Delaware Amtrak station on May 4, 1987, enroute from West Palm Beach, Florida to Seaford, Delaware. She had in her possession approximately 720 grams of crack and 24 grams of cocaine. She was convicted and sentenced to 120 months of prison, $150.00 fine and 60 months special parole.

d. Jesper Nereus - Mr. Nereus was arrested on June 11, 1987, at the Seaford, Delaware bus depot with approximately five pounds or crack located in a suitcase which he was carrying. Information recovered at the arrest indicated he had been traveling from Ft. Pierce, Florida. Intelligence information received from the Ft.

Pierce law enforcement officials revealed that Mr. Nereus was known to them as an individual who was selling pound quantities of crack/cocaine in their jurisdiction prior to his arrival in Delaware. Mr. Nereus was sentenced to 120 months in prison, 36 months special parole and a $50.00 fine.

e. Serge Deslauriers - Mr. Deslauriers is a Haitian male arrested for money laundering in May of 1987. The case involving this individual was subsequently dismissed because of the unreliability of the informant, but the investigation disclosed Mr. Deslauriers operated a business which wired money throughout the United States and Haiti for those who were distributing narcotics in the area. The name of the business used by Mr. Deslauriers to conduct this activity was Haitelex Transfer and Data Service.

f. Dalien Jules - Dalien Jules is a Haitian male who transported crack from Miami, Florida, to the Seaford, Delaware area. His arrest in Selbyville, Delaware, resulted in the Delaware State Police seizing over 100 grams of crack. The U.S. Attorney's Office prosecuted Jules for possession with intent to distribute crack, and he recently received a 9 year jail sentence.

g. Patricia Edwards/Elizabeth Harmon - Patricia Edwards and Elizabeth Harmon were major crack distributors who perhaps demonstrate the trend concerning the source of this drug. In late 1987 and the first eight months of 1988, this mother (Harmon)-daughter (Edwards) team sold over 400 grams of crack.

During the early stages, the sources of the drugs were in Florida and one source was a Haitian. When these sources became less accessible, the women sought and obtained the purer powder cocaine from Arramingo Avenue and had employees cook the powder into crack (called "fresh"). Edwards and Harmon had at least three middle level distributors (Sterling Andrews, Ricky Bell and George Harmon) working for them. Each above-named individual has been convicted of felony drug charges in U.S. District Court. Elizabeth Harmon received a sentence of 90 months incarceration as a result of providing assistance to the U.S. in the prosecution. Ricky Bell and George Harmon received five years imprisonment, Sterling Andrews received 9 years incarceration, and Patricia Harmon received 20 years incarceration.

Finally, I would like to comment that one of the most beneficial tools provided to law enforcement by Congress in the last several years is the forfeiture provisions in Title 21 and the opportunity to share those assets with state and local authorities. It has provided resources to buy needed equipment and has allowed investigations that would have been difficult to finance to be conducted. It has greatly benefited the federal law enforcement community by providing an incentive to state and local authorities to address this serious problem in a cooperative manner. Since 1987, this program has allowed us in Delaware to share over half a million dollars with state and local law enforcement. This fiscal year we have seized nearly 1.4 million dollars and have instituted proceedings to forfeit these assets.

This is a statutory provision clearly worthy of our support and any effort to reduce its effectiveness should be rejected. Presently, there is a great deal of uncertainty and concern over the amendments to this provision which were contained in the Anti-Drug Abuse Act of 1988. This amendment prohibits the circumvention of state law in the use and disposition of forfeited assets. I would strongly urge you to review this provision and consider its repeal before it becomes effective in October of this year.

Obviously even with these efforts, crack distribution continues to be a serious problem in this part of our state. We strongly believe that the crack provisions in the 1988 statute will be of tremendous assistance, and in light of our recent agreement with the Attorney General's Office we look forward to taking an even more active role in this law enforcement effort. I'd be glad to address any questions the committee may have.

The CHAIRMAN. Thank you. General Oberly.

STATEMENT OF MR. OBERLY

Mr. OBERLY. Thank you, Mr. Chairman and Senator Thurmond. I know the drug problem is a little bit broader than simply crack and as Bill has indicated, we have worked out an agreement where the State does the prosecution in virtually all other cases, except where there is heavy DEA involvement, and the crack cases, where there is a penalty. We do that because State penalties are stronger in certain areas than the Federal penalties, and we have been very successful.

I think that the important thing from the statistics that you see up on the board, while there has been a tremendous increase—74 percent—that increase has been accomplished with essentially a status quo in the law enforcement community in Kent and Sussex Counties. If the same resources had been committed in Kent and Sussex Counties, as has been committed in our more urban county, I suggest that that number probably would increase to over 500. So, instead of a 74 percent increase, I think realistically, the drug trafficking and trading and usage in our rural areas, at least in Delaware, has increased to well over 100 percent, if not even a great deal more.

The intent of our general assembly and the Governor is to increase, during the coming year, the law enforcement resources devoted to drug trafficking. A special emphasis is going to be placed, as I understand it, through the State Police on the rural areas down here.

As a prosecutor with nearly 15 years experience, the difficulty that I have encountered in the rural areas—and this is not in any way disparaging any police department—but many of our police departments are extremely small—two, three, five people. They do not have the resources to devote full time individuals to dealing just with drugs, to work the informant network, to do the things that are necessary.

We have had a few notable exceptions. The Seaford Police Department has done an outstanding job. Fortunately, they are large enough that they have been able to give us individuals like Chuck Pugh and the Delaware State Police have filled in the areas where there are not small police forces in their county. But they are severely understaffed, undermanned, and are finding it very difficult, I think, to do the things you see routinely done in your more urban counties.

Recognizing the problem and the number of arrests that have increased in just the last couple years, we have been successful in convincing our Governor that we have to have some specialization in our county. It was only 8 years ago that Kent and Sussex Counties had one prosecutor handling everything in this county for a period of time. Now, we have five full-time prosecutors and we have every reason to believe the general assembly will approve our request, with the Governor's recommendation, that we have a full-time drug unit in each county.

Again, in rural areas, your prosecutorial resources are not as great as they are in your metropolitan areas. In our largest area, we have a sex crimes unit; we have a special felony screening intake unit; we have a special section that handles homicides and violent crimes; a special section that deals with drug cases. When you are dealing with four or five prosecutors in a county of approximately 100,000 people, you cannot afford to have a separate unit because you have to cover family court and all the other areas.

However, the drug problem has become so great that we can no longer afford just to assign those kinds of cases on a random basis. What we will have is, we will have a full-time prosecutor with a paralegal, with a secretary to be available to the police in each county on a regular basis.

The reason why that is so critically necessary is that unlike prosecuting burglaries or robberies or even other thefts, is that most of those are not interrelated. You will occasionally have a group of people who are committing a large number of burglaries. But drug trafficking is interrelated. It crosses State lines, crosses county lines. You need to have a resource available to the police so they can do the things that are necessary, such as obtain search warrants, prepare a wiretap application, which take a tremendous amount of time. And you have an already over-burdened staff in most of our counties, that this kind of continuity is missing in most of your rural areas.

We are fortunate in Delaware that our prosecutors are full time, but I know that there are areas right nearby that prosecutors in some rural areas are not even full time. They are part time and they engage in a private practice and they do the best they can.

But the rural areas of America—in Delaware and especially this particular area—can become and will become havens for individuals who wish to engage in large-scale drug trafficking. They know that they are a few years ahead of what you can do in your urban counties. With that lead time, then you can see the destruction and the terrible things we are seeing in our counties. Our homicides have become seemingly more brutal in the last several years, several of which have been directly associated with drugs.

So, we look forward to the increased emphasis in the law enforcement community. I know the police need it and I know they need additional manpower and hopefully, that will be addressed. But the problem is more severe than I think many people would recognize. The mere numbers that appear on the board, you have to look at it with a recognition that those arrests have increased without a very big increase at all, of police power, but only because drugs have become so much more prolific in their use in this part of the State and in our surrounding States.

So, anything that can be done to help us from the Federal level is going to be critical. I do not have any specific proposals. I do not want to comment on what the police are going to tell you what they see on the streets, but from our end, from the prosecutorial end, we do need additional resources. They are on their way, so I think the people in Kent and Sussex Counties will be well served.

And the relationship we have with the U.S. attorney's office really could not be finer. We are more fortunate than a lot of States. We may have our disagreements on occasion or two, but we can pick the phone up and talk to each other on any given day and we reach each other.

So, I commend the U.S. attorney's office for their cooperation and the police communities for their cooperation with us. I think help is on its way.

The Chairman. Thank you, General. Captain.

STATEMENT OF CAPT. CHARLES PUGH

Captain Pugh. Senator Biden, Senator Thurmond, when I first became a police officer 16 years ago, an addict was a person who could be found in the alleys in the inner cities. Today, Seaford has a whole new generation of addicts—crack addicts. We are learning that crack is by far the most addictive drug known to man, and also the hardest to quit.

The horror stories for us began in 1986, and continue to this day. The murders and the attempted murders due to crack addiction add to the daily thefts and shopliftings that occur. Users have no trouble trading stolen goods for crack.

We are also beginning to learn of another horror story relating to crack. Female users are selling their bodies to get the drug. County health officials are noting an increase in venereal disease and recently, a baby was born with AIDS at our local hospital. The mother was a crack addict.

Illegal Haitian immigrants continue to control the large majority of the crack distribution. There are millions upon millions of dollars being taken from our economy each year. In one case concluded in 1987, a joint investigation with the Delaware State Police and the Drug Enforcement Administration, we documented approximately $28,000 that was sent from this area in a 4-week period by one Haitian crack dealer back to Haiti.

Now, our local people are getting involved in crack distribution. It is a very simple task for people to drive to Wilmington and Philadelphia, and return to Seaford with as little as an ounce and as much as a quarter pound of cocaine powder, and then convert it to crack.

The tremendous saturation of crack has created an atmosphere of an open air market in one area of Seaford. Street hawkers peddle their drugs in the open to any passerby. The old image of secretly going to a house to purchase drugs is almost a thing of the past. The officers of the Seaford Police Department continue to fight this epidemic on a daily basis.

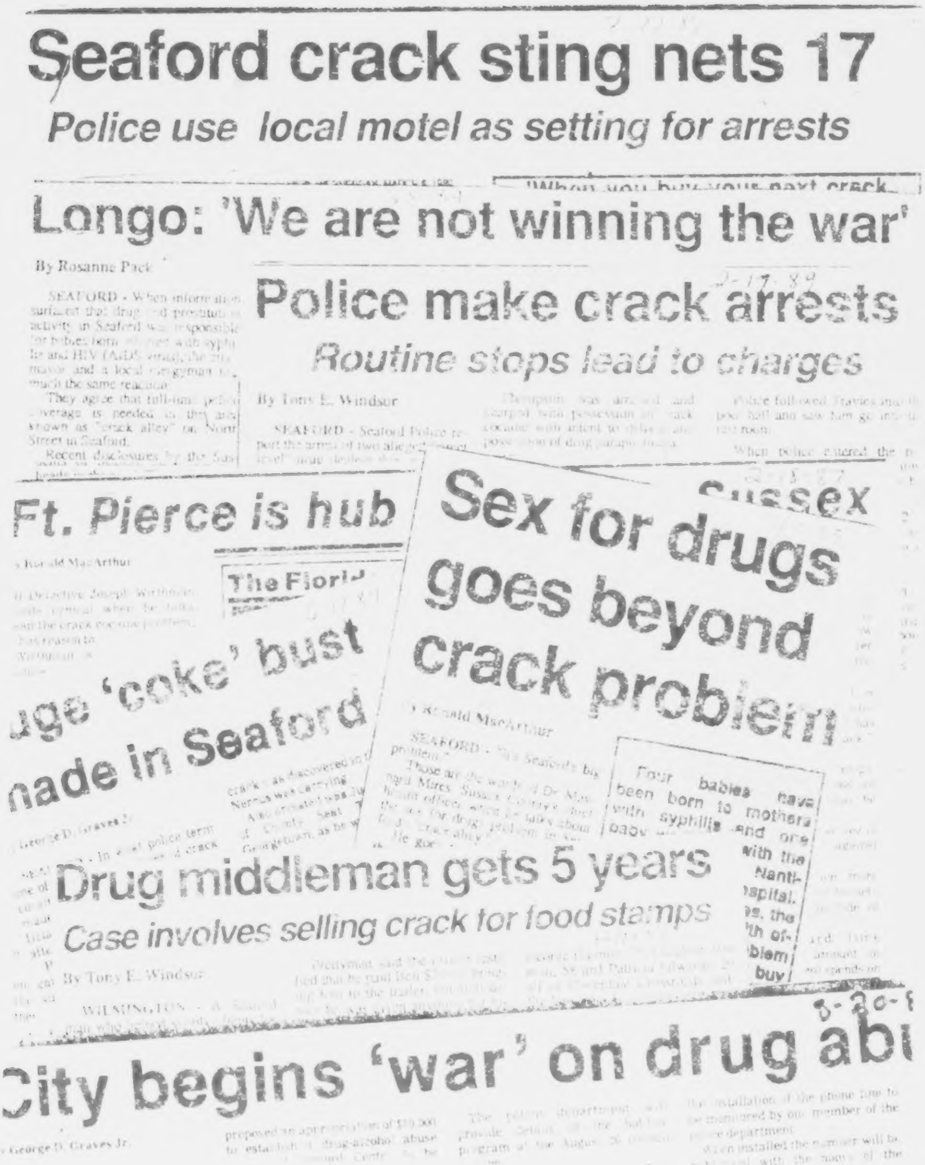
Our drug cases and arrests increased almost 60 percent in 1988 over 1987. We are seizing more and more weapons from drug dealers, particularly automatic weapons. The department is fighting back, not only through enforcement, but with education of young people. Our ADAM Program offers fun activities for children in grades K through 4, to learn about making proper choices. The program also helps children gain respect for their parents, teachers, and police officers.

We hope to see positive results from this program as these young people become teenagers and young adults. A great spirit of cooperation exists between the Seaford Police Department and others in surrounding towns and cities. We have worked with the Delaware State Police, Wilmington Police, and Dover Police, to name just a few.

We are in this drug war together, but our resources and manpower are limited. With the odds stacked against us, the war on drugs still remains a top priority for the Seaford Police Department.

Thank you, gentlemen.

[The statement of Captain Pugh follows:]



Seaford crack sting nets 17

Police use local motel as setting for arrests

'When you buy your next crack

Longo: 'We are not winning the war'

By Rosanne Pack

SEAFORD - When information surfaced that drug and prostitution activity in Seaford was responsible for babies born ... with syphilis and HIV (AIDS virus), the city mayor and a local clergyman had much the same reaction.

They agree that full-time police coverage is needed in the area known as "crack alley" on North Street in Seaford.

Recent disclosures by the Sus...

2-17-89

Police make crack arrests

Routine stops lead to charges

By Tony E. Windsor

SEAFORD - Seaford Police report the arrest of two alleged "street level" drug dealers ...

Ft. Pierce is hub

By Ronald MacArthur

The Florid

uge 'coke' bust nade in Seaford

George D. Graves Jr.

Sussex

Sex for drugs goes beyond crack problem

By Ronald MacArthur

Four babies have been born to mothers with syphilis and one ...

Drug middleman gets 5 years

Case involves selling crack for food stamps

By Tony E. Windsor

WILMINGTON - A Seaford man who ...

3-20-8

City begins 'war' on drug abu

George D. Graves Jr.

THE CRACK PLAGUE IN SEAFORD, DEL.

By Capt. Charles Pugh
Seaford Police Department

- A middle-aged Seaford hospital technician writes $3,000 worth of bad checks and quits his job and leaves town. When police track him down in Florida, they discover he was using the money to buy crack. He entered a drug rehabilitation center in Florida.

- An 86-year-old Seaford resident is beaten and left for dead by two men who broke into his house to steal goods, sell them and buy crack. The man surprised the thieves, was beaten, covered up and left in a 90-degree room. He was discovered several hours later by neighbors.

- A Haitian crack dealer, who had been evading Maryland officials for two months, is arrested in a Seaford apartment building. At the time of his arrest, police confiscated 6 oz. of crack, $5,000 cash and a loaded .25 cal. automatic weapon. Police are convinced that a shootout would have taken place had they not surprised him. Maryland officials confiscated 2 lbs. of crack and $38,000 in cash.

- Three teen-age boys steal crack from a dealer on Third and North streets in Seaford. As the boys drive away, the dealer grabs onto the pick-up truck. He is dragged three-quarters of a mile and finally falls off as the boys run over his head with the truck.

- During a party, a migrant worker approaches his 65-year-old crew chief and asks him for an advance on his pay to buy more crack. The crew chief refuses and is beaten to death.

- Seaford Police learn from a shoplifter that she was stealing about $3,000 worth of merchandise a week to support a $1,500-a-week crack habit.

These are but a very few of the many cases that the Seaford Police Department has been involved with since the arrival of crack in the area 2 1/12 years ago. The drug has completely changed the scope of the department's drug investigations and the crime picture in the small rural community we protect.

For years, the Seaford Police Dept. watched current drug trends as they affected the state of Delaware move from north of south. If the large city of Wilmington had a cocaine problem, we could expect to have the same problem two or three years later.

Then in January, 1986, we became aware of something that was about to change our police operations — rock or crack cocaine.

From an associate in Ft. Pierce, Fla., we learned about the crack distribution system that was controlled by illegal Haitian immigrants. We were also told that as time went by and crack became more deeply imbedded in our community, we could expect an increase in robberies, violent assaults and property crimes.

All that was foretold came true. Robberies increased 125 percent and violent assaults increased 35 percent in a one-year period. Today, if you own a radar detector and park your car in Seaford, you stand a better chance of having it stolen than using it to warn you about radar.

When I first came on the job 16 years ago, an addict was a person who could be found in the alleys in the inner cities. Today, Seaford has a whole new generation of addicts — crack addicts.

And we are learning that crack is by far the most addictive drug known to man; and also the hardest to quit.

The horror stories began in 1986 and continue to this day.

The murders and attempted murders due to crack addiction add to the daily thefts and shopliftings that occur. Users have no trouble trading stolen goods for crack.

We are also beginning to learn of another horror story relating to crack. Female users are selling their bodies to get the drug. County health officials are noting an increase in venereal diseases and recently a baby was born with AIDS at our local hospital. The mother was a crack addict.

The Haitians continue to control a large majority of the crack distribution. There are millions of dollars being taken from our economy each year

In one case, concluded in 1987, we documented approximately $28,000 that was sent from this area in a four-week period by one Haitian crack dealer back to Haiti.

We have found that the Haitians are an intelligent and well organized group of drug traffickers. They have succeeded in controlling the drug traffic in our area by distributing one drug — crack cocaine.

Our first investigation in January 1986 was accomplished using surveillance and controlled buys by informants. Surveillance of the Haitians is a must for successful investigation.

On the completion of this investigation, eight Haitians were arrested and approximately three-quarters of a pound of crack, $8,000 in cash and four vehicles were seized. We later realized that this was only the "tip of the iceberg," and during the next two years this would only qualify as a small investigation.

At this point, other police departments were seeking information about crack and the Haitan network.

As 1986 progressed, continued arrests and seizures were being made almost monthly in our area. By the end of 1986, the Seaford Police Dept. had seized a record amount of crack and cash, and had arrested 20 Haitians. However, the problem continued to grow.

Significant efforts continued throughout 1987. In the spring, we seized more than two kilograms of crack from a Haitian when he arrived at the local bus station from Fort Pierce, Fla.

In March, April and May, a joint investigation by the Seaford Police Dept., the Delaware State Police, the DEA and the IRS resulted in the arrests of three Haitians on drug charges, but more importantly, on federal money laundering charges.

As a result of the investigation, we were able to identify a major money laundering operation with offices and connections in Chicago, Greenwhich, Conn., Florida and Haiti.

The investigations and arrests didn't slow up for the remaining months of 1987 and into 1988. With the help of several other departments, we made a major sweep of an area well known for its open drug sales and arrested more than a dozen small-time dealers.

Now, our local people are getting involved in crack distribution. It is a simple task for people to drive to Wilmington and Philadelphia and return to Seaford with as little as an ounce and as much as a quarter-pound of cocaine powder.

From that point, it is a very simple process to cook the powder using water in a glass container on a simple kitchen stove converting the powder to crack.

Once this done, the dealer can easily make $2,000 to $3,000 in a weekend.

The tremendous saturation of crack has created an atmosphere of an open-air market in one area of Seaford. Street hawkers peddle their drugs in the open to any passerby. The old image of secretly going to a house to purchase drugs is almost a thing of the past.

These street dealers are almost impossible to catch by patrol officers due to the small size of a piece of crack. It can easily be hidden or disposed of.

The 17 officers of the Seaford Police Dept. continue to fight this epidemic on a daily basis. Our drug cases and arrests increased almost 60 percent in 1988 over 1987.

We are seizing more and more weapons from drug dealers, particularly automatic weapons.

The department is fighting back not only through enforcement, but with education of young people. The ADAM program offers fun activities for children in grades K-4 to learn about making proper choices. The program also helps children gain respect for their parents, teachers and policemen.

We hope to see positive results from this program as these young people become teen-agers and young adults.

A great spirit of cooperation exists between the Seaford Police Dept. and others in surrounding towns and cities. We have worked with the Delaware State Police, Wilmington Police and Dover Police, to name a few. We are in this drug war together, but our resources and manpower are limited.

In February 1987, our department organized and hosted a crack cocaine conference to help educate and exchange information. The conference was attended by more than 150 local, state and federal officers from Delaware, Maryland, Pennsylvania, New Jersey, Virginia and Florida.

Even with the cooperation between departments, the odds are stacked against us. The war on drugs still remains the top priority for the Seaford Police Department.

The CHAIRMAN. Captain, before you finish your testimony, what am I holding here?

Captain PUGH. Senator, both samples here of crack was crack that was seized in 1987, worth approximately one-half million dollars.

The CHAIRMAN. So the crack that I have in my hand and that you have in front of you—would you hold it up?

Captain PUGH. Yes, sir.

The CHAIRMAN. These two handfuls of crack are worth approximately one-half million dollars?

Captain PUGH. That is correct, Senator.

The CHAIRMAN. And——

Senator THURMOND. Is that both or just one?

Captain PUGH. That is combined, Senator.

The CHAIRMAN. A quarter-million dollars apiece?

Captain PUGH. Yes, sir.

The CHAIRMAN. Now, what I have in my hand is one packet—and which Senator Thurmond is picking up—these are sealed and I will not open them, but each one of these—I guess we cannot open it because it is evidence—but they look like little sticks. Now, are these things sold by the stick?

Captain PUGH. Yes, sir, just as you see it, Senator. The piece that you are holding right there, a rather long piece, I believe, would sell for approximately $200.

The CHAIRMAN. Approximately $200?

Captain PUGH. Yes, sir.

The CHAIRMAN. Now, how is it, in these open air emporiums you are referring to where people just drive up—how is it sold? Someone comes up to buy some crack just for a single occasion, what do they buy?

Captain PUGH. Senator, they are going to buy one of the smaller pieces that you will see—maybe $20 worth or $40 worth.

The CHAIRMAN. So, a small piece looks like a quarter of an inch long that I have in here? It is hard to tell.

Captain PUGH. That is correct. It is roughly a quarter of an inch by a half an inch, sir.

The CHAIRMAN. And what do they do with that?

Captain PUGH. The crack can be consumed only by smoking. The piece of crack is placed in a smoking apparatus—a bowl. The bowl is then heated. Once the bowl is heated, the crack is then heated, which emits vapors, and then the vapors are inhaled.

The CHAIRMAN. I see. So that the person who purchases this would just be given—do they get this in little plastic bags, one of these little pieces, or does somebody literally hand them that piece?

Captain PUGH. Senator, it will be sold in all different ways—a little plastic bag. It might be sold just the piece itself, small little vials. There are different ways of it being sold.

The CHAIRMAN. OK. I will come back to that, but I just wanted to make sure we had some sense of what we are talking about here.

Mr. CARPENTER. Senator, that what you are holding I believe—Captain, correct me if I am wrong—are called french fries because they actually look like french fries.

The CHAIRMAN. They kind of look like an Orida french fry that you get in a frozen pack of french fries. As a father who has a wife going to graduate school at night, I know about frozen french fries. [Laughter.]

Are there other ways in which it is sold, other forms?

Captain PUGH. Yes, sir, that is correct. Senator, what you have there, we refer to as Haitian crack, and it will come in the long strips such as you see there that is referred to, as Mr. Carpenter stated, as french fries oftentimes. Our local crack, I believe Mr. Carpenter made reference to that, on the street it is known as fresh, and it will be almost a chunk.

The CHAIRMAN. A cube?

Captain PUGH. Yes, sir. The times I have seen it before, they almost look like a little sugar cube. That is correct, sir.

The CHAIRMAN. Well, I do not want to delay this, but it is important to get that stated at the outset here.

Sergeant, I believe you are next on the list. This is something that you have dealt with a great deal, and I am anxious to hear what you have to say. Maybe you can shed some additional light on this.

STATEMENT OF SGT. HARVEY LEIGHTY

Sergeant LEIGHTY. Yes, sir. Nervous also.

The CHAIRMAN. There is no need to be nervous, and especially with Senator Thurmond and me.

Sergeant LEIGHTY. Certainly.

Senator Biden, Senator Thurmond, distinguished guests, ladies and gentlemen.

I appear today with a document that will give you a brief overview of what the Delaware State Police has experienced, has accomplished, and expects for the future in the area of drug trafficking and abuse. My 15 years of experience with 8 in the drug enforcement field, will attest to that.

The Delaware State Police has been committed to the war on drugs for years and has been committed to assisting all of our fellow law enforcement agencies in that area. The present administration of the Delaware State Police views the education of our citizens, from kindergarten to adult, as a long-term answer to the drug problem.

The present day situation of increased crime rates and violence due to the use and abuse of cocaine and crack, however, demands public involvement daily—excuse me, police involvement daily. As of today, the Delaware State Police's commitment to the enforcement of drug laws and to assisting our fellow law enforcement agencies has been enhanced with the addition of five more troopers. A Federal program will allow seven more by October 1989. These men should greatly aid in the fight.

We have experienced assistance from the Wilmington office of the Drug Enforcement Administration, the IRS, ATF, other Federal agencies, led by the U.S. attorney's office. We thank them and need their continued support. My task today of representing the Delaware State Police at this hearing has been bolstered by my knowledge that I am representing my fellow officers who have dedicated themselves to drug enforcement, be they State or city officers.

Our task continues, but with your hearings, Senator Biden, hearings that will inform the public and gain their support, our task will be made easier. I would like to take advantage of the liberty that I have here today, to speak directly to you, the representatives of the Federal Government, and tell you the sentiment of myself and many of my peers who on a daily basis, work drug cases.

We see very little difference between the terrorists who hold Americans hostage in foreign lands, and the narcotic terrorists who smuggle, sell, and profit from the drug business and who, in effect, hold many millions of American citizens hostage to the drug dependency and addiction right here at home.

We would like to suggest that the issue of drugs and narcoterrorism be evaluated, elevated to be at least on the par with the level of importance as that given to communism and the national security considerations. The whole fabric of our society may be in jeopardy if drugs are not elevated to be a major concern of national security.

Sir, finally, drug dealers, users, and potential dealers and users alike must be made aware that drugs are not the answer to life's problems; that there is help for those who have a problem; but most of all, they should be told that the laws will be enforced, harsh penalties imposed, and their assets taken should they fail to heed the call.

Thank you, sir.

[The statement of Sergeant Leighty follows:]

STMT of SGT. HARVEY LEIGHTY, DEL. STATE POLICE

SENATOR BIDEN, SENATOR THURMOND, DISTINGUISHED GUESTS, LADIES AND GENTLEMEN:

IT IS A PRIVILEGE AND AN HONOR FOR ME TO TESTIFY AT THIS HEARING TODAY. I HAVE BEEN INVOLVED IN THE DRUG ENFORCEMENT FIELD FOR OVER EIGHT OF MY FIFTEEN YEARS OF SERVICE WITH THE DELAWARE STATE POLICE.

I HAVE WORKED UNDERCOVER DOING BOTH SHORT AND LONG TERM INVESTIGATIONS. I HAVE ALSO HAD THE OPPORTUNITY TO SUPERVISE MANY OTHER OFFICERS WITH THEIR UNDERCOVER INVESTIGATIONS AND AS A RESULT I HAVE WITNESSED MANY CHANGES SINCE THE LATE 1970s.

BACK THEN THE DIFFICULTY WAS DEVELOPING THE RAPPORT NECESSARY FOR A DRUG DEALER TO BE CONVINCED IT WAS SAFE TO DEAL WITH AND SELL DRUGS TO A STRANGER.... AN UNDERCOVER POLICE OFFICER. NOW, LITERALLY ANYBODY CAN BUY DRUGS REGARDLESS OF THEIR APPEARANCE AND THE ONLY RAPPORT NECESSARY IS INSTANTLY DEVELOPED WHEN THE DEALER SEES YOUR CASH. THE FEAR OF GETTING CAUGHT BY LAW ENFORCEMENT HAS BEEN OVERTAKEN BY SHEER AVARICE.

YEARS AGO THE ADMINISTRATIONS OF POLICE AGENCIES IN GENERAL FELT THE DRUG PROBLEM COULD BE DEALT WITH JUST BY STEPPING UP THE NUMBERS OF ARRESTS THAT WERE MADE. WE'VE LEARNED THAT KIND OF A PAPER WORK SOLUTION DOESN'T WORK.

WHAT DOES WORK IS AN EFFORT TO COMBAT THE PROBLEM NOT ONLY AT THE LOWEST ECHELON WHERE THE EASIEST AND MOST ARRESTS CAN BE MADE BUT AT THE UPPER LEVELS AS WELL. IF WE WERE TO CONCENTRATE OUR EFFORTS ONLY ON THE STREETS WE WOULD BE GIVING CARTE BLANCHE TO THE UPPER LEVEL TRAFFICKERS. THE REVERSE IS ALSO TRUE WERE WE TO FOCUS ONLY AT THE UPPER LEVELS. THERE ALSO ARE ALL THOSE INTERMEDIARIES THAT MUST BE PURSUED.

THIS APPROACH IS WHAT WE HAVE BEEN TRYING TO DO IN RURAL KENT AND SUSSEX COUNTIES AND I KNOW THAT THIS IS JUST AS TRUE FOR NEW CASTLE COUNTY AS WELL.

OVER THE YEARS CERTAIN DRUGS HAVE COME AND GONE IN TERMS OF AVAILABILITY AND POPULARITY. WE'VE WITNESSED A FLOOD OF MARIJUANA AT ONE TIME. HEROIN WAS IN VOGUE FOR A WHILE. AMPHETAMINES AND BARBITURATES HAD THERE HEY-DAY. WE'VE BEEN THROUGH METHAMPHETAMINES, L.S.D., P.C.P., DESIGNER DRUGS, AND OTHERS. COCAINE HAS BEEN AROUND FOR A LONG TIME AND AS DESTRUCTIVE AS IT CAN BE WE HAVE NEVER SEEN ANYTHING AS DEVASTATING TO OUR COMMUNITY AS CRACK COCAINE.

CRACK CAME TO OUR ATTENTION HERE IN EARLY 1986. TO THE BEST OF OUR KNOWLEDGE IT WAS INTRODUCED TO THE AREA BY HAITIAN IMMIGRANTS WITH TIES TO FLORIDA WHERE THE LARGEST COMMUNITY OF HAITIANS HAD SETTLED. CRIMINAL OPPORTUNISTS WITHIN THE HAITIAN COMMUNITY HAD A READY SUPPLY OF COCAINE FROM FLORIDA AND CRACK CONVERSION IS A SAFE AND SIMPLE PROCESS.

SNORTED THROUGH THE MUCOUS MEMBRANES. COCAINE IS ABSORBED INTO THE BLOOD STREAM AND GOES TO THE BRAIN WHERE THE HIGH IS PRODUCED. SMOKED IN THE FORM OF CRACK OR ROCK IT GOES TO THE LUNGS WHERE THE ABSORPTION IS MUCH MORE RAPID AND THE HIGH IS SIGNIFICANTLY MORE INTENSE. FOR THOSE INCLINED TO ESCAPE REALITY THROUGH DRUG USE THE POTENTIAL FOR REPEATED USE AND ADDICTION IS IS ALSO MUCH GREATER. THE UNPREDICTABLE AND SOMETIMES VIOLENT BEHAVIOR OF THE CRACK USER HAS BEEN DEMONSTRATED MANY TIMES NOT ONLY IN THE DEPRESSED AREAS OF SOME OF THE NATIONS LARGEST CITIES BUT ALSO RIGHT HERE IN RURAL DELAWARE.

AFTER A SHORT PERIOD OF CRACK'S PRESENCE LOCALLY OUR DETECTIVES NOTICED PROPERTY CRIMES ON THE RISE. IN 1987 THERE WERE SIX MURDERS IN SUSSEX COUNTY THAT WERE ATTRIBUTABLE TO CRACK. THE CRACK PROBLEM MAKES VICTIMS OF THE INNOCENT AND NOT SO INNOCENT ALIKE.

THE HAITIAN DEALERS WHO BEGAN TO SET UP SHOP IN THE AREA TRIED TO DO SO QUIETLY IN ORDER TO AVOID NOTICE, DETECTION, AND ARREST. THE DEMAND BY THE USERS FOR THIS OVERWHELMINGLY POPULAR FORM OF COCAINE CAUSED THE DEALERS PROBLEMS WITH SECURITY, CROWDS, AND EVEN TRAFFIC CONGESTION. OUR SURVEILLANCE PROVED TO US THAT THE DEALERS HAD SECURITY IN MIND BUT THE VOLUME OF CUSTOMERS AND THE GREED TO MAKE MONEY OVERCAME THEIR DESIRE TO BE CAUTIOUS. OPEN AIR STREET DEALING BECAME PREVALENT IN SEVERAL AREAS OF DELAWARE AND EVEN AFTER REPEATED ARRESTS AND STREET SWEEPS SOME CONTINUE TO FLOURISH.

ONCE THE NEW CRACK PROBLEM WAS IDENTIFIED, LAW ENFORCEMENT AGENCIES HAD TO RE-EVALUATE THEIR METHODS OF ATTACKING THE DRUG DEALERS. IN THIS CASE WE WERE DEALING WITH A PEOPLE WHO WERE FOR ALL INTENT AND PURPOSES REFUGEES FROM AN OPPRESSIVE NATION WHERE THERE WAS NO BILL OF RIGHTS OR CONSTITUTIONAL PROTECTIONS. THE CRIMINAL ELEMENT OF THESE PEOPLE ARE VERY CAUTIOUS OF POLICE UNLIKE THE TYPICAL STREET CORNER DEALERS. ADDITIONALLY THERE IS A LANGUAGE BARRIER. WHEN WE MANAGE TO MAKE A CASE AGAINST THESE TRAFFICKERS THEY ARE ALMOST INSTANTLY REPLACED BY ANOTHER SOMEWHERE ELSE ON DELMARVA. BETWEEN DELAWARE AND MARYLAND AUTHORITIES WE HAVE REMOVED OVER 100 OF THESE TRAFFICKERS WHO JUST HAPPENED TO BE HAITIANS. WE'LL GET ONE IN THE SEAFORD AREA AND THE NEXT WILL SURFACE IN HURLOCK MD. THE MARYLAND STATE POLICE WILL GET THE GUY IN HURLOCK AND A NEW ONE WILL SHOW UP IN GEORGETOWN. FOR THREE YEARS NOW WE HAVE BEEN GETTING THE TRAFFICKERS IN THIS FASHION. IN DELAWARE WE HAVE HAD HAITIAN TRAFFICKING LEVEL CASES IN GEORGETOWN, SELBYVILLE, SEAFORD, PEPPERTOWN, LAUREL, MIDDLEFORD, CONCORD, ELLENDALE, BLADES, AND MILFORD. ALTERNATING WITH THAT HAVE BEEN CASES IN MARYLAND IN FEDERALSBURG, CAMBRIDGE, VIENNA, SALISBURY, POKOMOKE, OCEAN CITY, HURLOCK, AND EASTON. THERE'S ALWAYS A NEW TOWN AND THERE'S ALWAYS A NEW FACE. HOPEFULLY THE EMIGRATION AND NATURALIZATION SERVICE WILL SEE TO THE DEPORTATION OF THESE CONVICTED ALIENS AS THEY ARE RELEASED FROM JAIL.

OUR INVESTIGATIONS HAVE SHOWN US AMONG OTHER POINTS OF INTEREST TWO VERY SIGNIFICANT FACTORS. THE HAITIANS DEALERS DON'T USE CRACK AND THE PROFITS ARE SENT BACK TO HAITI.

I MUST GIVE CREDIT HERE TO THE WILMINGTON OFFICE OF THE U.S. DRUG ENFORCEMENT ADMINISTRATION AND TO THE U.S. ATTORNEY'S THERE FOR THEIR SUPPORT AND GUIDANCE THROUGH MANY OF OUR CASES. WHERE WE HAVE BEEN ABLE TO ESTABLISH A DRUG DEFENDANT IS NOT A DELAWARE RESIDENT AND HAS DIRECT TIES TO ANOTHER STATE FOR HIS OR HER SUPPLY, THE CASES, WITH THE APPROVAL OF DELAWARE'S OWN ATTORNEY GENERAL, HAVE BEEN STEERED TO FEDERAL PROSECUTION. THEIR ASSISTANCE HAS BEEN INVALUABLE.

OUR WORKING RELATIONSHIPS WITH OTHER AGENCIES HAS ONLY BEEN STRENGTHENED IN THE FACE OF THIS CRACK PRESENCE. WHEN OUR SUPERINTENDENT WAS APPOINTED TO OFFICE IN 1986 HIS DIRECTION TO OUR DRUG UNIT WAS TO MAKE EVERY ATTEMPT TO WORK EVEN CLOSER WITH ALL OTHER LAW ENFORCEMENT AGENCIES. THIS DIRECTION COULD NOT HAVE COME AT A BETTER TIME. WHEN WE WORK WITH A LOCAL AGENCY IN THEIR JURISDICTION WE WORK IN AN ASSISTING CAPACITY. BY THAT I MEAN THAT WE PROVIDE THE MANPOWER, THE RESOURCES, OFTEN THE DRUG BUY MONEY OR INFORMANT MONEY, AND WHEN IT COMES TIME TO MAKE THE ARREST THE LOCAL AGENCY IS CREDITED WITH THAT. WE IN THE STATE POLICE ARE NOT PRESSURED TO SOME ARTIFICIAL QUOTA OF ARRESTS TO GAUGE SOME PRESUMED MEASURE OF SUCCESS. OUR SUCCESS COMES FROM THE COOPERATIVE SPIRIT ATTAINED, THE INTELLIGENCE SHARED, THE QUALITY OF THE CASES MADE, AND THE INFREQUENCY OF CASES LOST IN THE COURTS.

THIS BEGS THE QUESTION, "IF WE'RE DOING SO WELL WHY IS THERE STILL A GROWING PROBLEM ?" THE BIGGEST PART OF THE PROBLEM IS THE MONEY THAT THERE IS TO BE MADE FROM THE SALE OF DRUGS. IF PEOPLE ARE WILLING TO TAKE THE RISK THERE IS A BUNDLE TO BE MADE. I'VE RECENTLY READ THAT THERE ARE 22,000 NEW MILLIONAIRES IN COLUMBIA. EVEN IF THAT'S A GROSS EXAGGERATION ITS A FRIGHTENING PROSPECT. I FEEL THEN THAT THE ANSWER IS THAT WE ARE DOING THE BEST THAT WE CAN WITH WHAT WE'VE GOT TO WORK WITH.

EFFECTIVE TODAY THERE ARE FIVE NEW OFFICERS STARTING WITH OUR SPECIAL INVESTIGATIONS UNIT. I KNOW THAT IN THE FALL WITH THE START OF THE FEDERAL FISCAL YEAR THERE WILL BE SEVEN ADDITIONAL OFFICERS ASSIGNED TO THE DRUG UNIT. I UNDERSTAND THAT EVEN MORE OFFICERS ARE TO BE ASSIGNED TO THE UNIT NEXT YEAR, POSSIBLY AS MANY AS TEN. THIS I THINK IS A TREMENDOUS IMPROVEMENT.

SMALLER TOWNS HAVE A TOUGH TIME ASSIGNING SOMEONE TO DRUG INVESTIGATIONS OR UNDERCOVER WORK BECAUSE EVEN BEYOND THEIR LIMITS IN MANPOWER A SMALL TOWN WOULD SOON KNOW EXACTLY WHO THAT OFFICER IS, WHAT HE'S DRIVING, AND WHO HE'S BEEN TALKING TO. WITH THE ABILITY WE HAVE TO ROTATE PEOPLE, CARS, ASSIGNMENTS, AND OTHER TRAPPINGS, OUR UNDERCOVER ROLE IS NOT NEAR AS EASILY COMPROMISED.

I'D LIKE TO TAKE ADVANTAGE OF THE LIBERTY THAT I HAVE HERE TODAY TO SPEAK DIRECTLY TO REPRESENTATIVES OF OUR FEDERAL GOVERNMENT AND TELL YOU THE SENTIMENT OF MYSELF AND MANY OF MY PEERS WHO ON A DAILY BASIS WORK DRUG CASES. WE SEE VERY LITTLE DIFFERENCE BETWEEN THE TERRORISTS WHO HOLD AMERICAN HOSTAGES IN FOREIGN LANDS AND THE NARCOTICS TERRORISTS WHO SMUGGLE, SELL, AND PROFIT FROM THE DRUG BUSINESS, AND WHO IN EFFECT, HOLD MANY MILLIONS OF AMERICAN CITIZENS HOSTAGE TO DRUG DEPENDENCIES AND ADDICTION RIGHT HERE AT HOME. WE'D LIKE TO SUGGEST THAT THE ISSUE OF DRUGS AND NARCO-TERRORISM BE ELEVATED TO BE AT LEAST ON A PAR WITH THE LEVEL OF IMPORTANCE AS THAT GIVEN TO COMMUNISM IN NATIONAL SECURITY CONSIDERATIONS. THE WHOLE FABRIC OF OUR SOCIETY MAY BE IN JEOPARDY IF DRUGS ARE NOT ELEVATED TO BE A MAJOR CONCERN OF NATIONAL SECURITY.

SENATOR BIDEN, YOUR LONG BATTLE TO HAVE A DRUG CZAR APPOINTED HAS FINALLY ARRIVED AND YOU ARE TO BE CONGRATULATED FOR THAT ACHIEVEMENT. BUT I WILL ASK YOU TODAY FOR THE SAKE OF ALL THE MEN AND WOMEN IN LAW ENFORCEMENT AND FOR THE SAKE OF OUR STATE AND NATION TO CARRY ON IN THIS REGARD AS I KNOW YOU WILL.

The CHAIRMAN. Thank you very much.

The photograph that you gave to me——

Sergeant LEIGHTY. Yes, sir.

The CHAIRMAN [continuing]. Has a quarter—two quarters—to give us some example, I assume, of the size.

Sergeant LEIGHTY. Yes, sir.

The CHAIRMAN. And the crack that we have been shown here that looks like the little french fries, that crack is referred to as Florida crack, generally?

Sergeant LEIGHTY. We call it Florida crack or Haitian crack, also, yes, sir.

The CHAIRMAN. Now, something that looks like a little gold nugget less than the size of a quarter, or about the size of a quarter, is referred to here as "fresh?"

Sergeant LEIGHTY. Yes, sir.

The CHAIRMAN. Is that the crack that was being manufactured here in the county?

Sergeant LEIGHTY. Yes, sir. What we had found was, I think through the dedication of the law enforcement officers in the—how would you say—in the amount of arrests and investigations that we were succeeding in down here, we really caused a problem with the quality of the Haitian crack, the stick crack, to go down. The quality went from a 90-percent level in 1986, to a level of 17 percent.

The CHAIRMAN. Is that right?

Sergeant LEIGHTY. Yes, sir. And it caused——

The CHAIRMAN. You assume that the quantity or the quality?

Sergeant LEIGHTY. The quality, sir.

The CHAIRMAN. The quality. So, the potency of the crack diminished by about sixfold?

Sergeant LEIGHTY. That would be fair to say, yes, sir.

The CHAIRMAN. And——

Sergeant LEIGHTY. What it created was people looking for a better product, so fresh came back into being. Obviously, the making of crack is very simple. The Haitian procedure, Florida procedure, shows that an immense amount of drug being manufactured at one time, to cut it up in those strips, because you will see, in the middle photograph, that is a chunk called fresh. It is also crack. It is a free-based form of cocaine.

That was manufactured at the State police academy by a DEA chemist. That is approximately 2 grams and that would be what you would see made by people in motel rooms. That has been made, sir, in a vehicle coming back from Philadelphia before it got to Wilmington. Crack was being made and smoked when we stopped one on one particular investigation. It is very easy to make. The quality is up on that, so that is what is being dealt.

The CHAIRMAN. Now, the last on the list here is listed as two little vials, and that is what I had seen, at least in other hearings. And that looks like little tiny sugar cubes in one vial. And in the larger vial, it looks like just a smaller form of what you refer to as fresh. Now, that is New York packaged fresh? Is that what it is referred to generally here?

Sergeant LEIGHTY. Yes, sir. Earlier when the crack problem just became public, sir, we had two distinct kinds of crack. We had the

New York crack coming out in the plastic vials and that was the one televised many times over.

The **Chairman**. Yes.

Sergeant **Leighty**. We had, on the other hand, the sticks, the french fries, and that was our problem down in Delaware. Like you say, ironically, the plastic tube is only a vehicle to dispense it easily. Like I said, the Haitians would dispense it hand to hand, maybe in tinfoil like Captain Pugh said, or just as is. In fact, they would even hold open a hand—in our surveillance video that I have here—and let the person pick whatever piece that he wanted.

The **Chairman**. And based on what they picked, the price would be set?

Sergeant **Leighty**. Well, usually, he would pull out all his $20 pieces.

The **Chairman**. I see.

Sergeant **Leighty**. They had a chance to pick what they thought was the biggest one because ironically, in this particular method of dealing dope, there were no scales found either. It was totally left to whatever the dealer wanted to give you.

The **Chairman**. I apologize for the interruption again. It is important at least for us to make sure we have on the record in what form we are seeing it here in Delaware.

Sergeant **Leighty**. I have other photographs here, sir, to add to the amount of crack seized. We have seized an immense amount of this particular crack here. These are two different areas where it was bagged up. If you will see those bags, they were sold quite a bit by the Haitians, also. They would call it a bag of crack. It was sold for $800 a bag, and we seized those. That was, I believe, Middleford.

The **Chairman**. Bags similar to these kind of bags, only not——

Sergeant **Leighty**. Just about the same. Just about the same, sir.

The **Chairman**. I see.

Sergeant **Leighty**. And along with that, you see the assets and the guns that were seized. Here in Laurel, we had done the investigation and I have here with me surveillance videos that we were able to take that showed just the open air street dealing. When we, basically, assaulted that particular location with our SWAT team and uniformed officers and detectives, we discovered that amount of drugs.

Again, in their avenue to keep their security alive, half of the drugs that you will see there were found at a motel. These people are very, very security conscious, and the only thing that really hurt them was the mere fact there were so many people buying the drug, they could just not maintain security.

The **Chairman**. They could not keep them away.

Sergeant **Leighty**. Just could not. Sir, I have always equated it in my drug talks, with the children rushing up to an ice cream truck at a housing complex, it was that bad. They just literally could not keep the people away, and that is why our surveillance——

The **Chairman**. And that is here in Sussex County, DE.

Sergeant **Leighty**. That was in Laurel, DE.

The **Chairman**. Laurel, DE.

Sergeant **Leighty**. It has been in Seaford. Like I say, we work quite closely with Seaford. It has been in Georgetown, Milford.

Crack does appear to be south of Milford this way, but we have had instances up in Kent County and New Castle County. It is just not as prevalent. Down here, it is the drug of choice.

The **Chairman**. It is incredible.

Sergeant **Leighty**. It is just a matter of who is going to sell the drug. Like I say, for years, we did not have what appeared to be competition. The Haitians had sole—how would you say—call to this particular drug, but now——

The **Chairman**. We are an entrepreneurial people, unfortunately.

Sergeant **Leighty**. They used our system well.

The **Chairman**. Sergeant Dennis, welcome again, from Maryland. I welcome your statement if you have one.

STATEMENT OF SERGEANT DENNIS

Sergeant **Dennis**. Thank you, Mr. Chairman and Senator Thurmond.

Back in 1986—not to reiterate what my other colleagues have stated—we saw a problem on Maryland's Eastern Shore with crack in the fall of 1986, up to the present. What we found out was, again, the Haitians were the primary movers, traffickers of the crack cocaine, traveling from the Fort Pierce area of Florida, bringing cocaine powder into Maryland and cooking it into the fresh you have before you today.

We began concentrating on the Haitians in Maryland. The late migrant season, late April through mid-August or so, is the time most of the Haitians would migrate to Maryland, particularly Maryland's Eastern Shore, and farm the fruit crop, which is in abundance over there, until the season ended. After the season ended on the lower shore, they would migrate to western Maryland and work the farms in the western part of the State.

Again, we concentrated, in my division, on the Haitian influx in late 1986 thru 1987, and we were able to apprehend a couple of major suppliers on the lower Eastern Shore. What we found out, after we had apprehended and successfully prosecuted these Haitians, was they had taught the locals the cooking process and established trade with the local black criminal element, who are now the primary movers of crack.

One problem we encountered with the Haitians concerning crack is they are very surreptitious regarding distribution of the drug. You are not going to find the drugs and the money together. The drugs were normally hidden some place close to the house of the dealer, or in trees, anyplace. Again, the Haitians are very security conscious people and utilized anyplace they thought would deter the police action. It was very uncommon to find the drugs and the money together.

Referring to the prosecution of the Haitians, again, they taught the local black criminal element the trade and we saw the drugs move from Dorchester County, which is the northern-most county where crack was abundant south toward Salisbury and areas close to Delaware. Salisbury has had a tremendous increase in the crack problem since mid-1987, up to the present time.

We concentrated on the local criminal element and the Maryland State Police formed a task force with the local police departments, sheriffs department, and the city of Salisbury Police whereby officers from their department would work in conjunction with us in an effort to try to ease the crack problem that was running rampant throughout the city.

We have had notable success in Salisbury working with the task force concept, and we hope to expand it state-wide into other areas where we see the crack problem growing. I had a talk with the State's attorney in Wicomico County on Friday—I do not have the exact percentages—but assaults, robberies, burglaries, break-ins, those type crimes, are up because people need money to support these habits.

Again, as you have heard, once you use this drug, even a small portion of it, it is so highly addictive and the craving is so great that people just have an urge to constantly go back to it.

Senator THURMOND. May I ask you a question right there?

Sergeant DENNIS. Yes, sir.

Senator THURMOND. I am told that one dose of this will make a person an addict. Is that the case?

Sergeant DENNIS. It depends on the dose. A dose, depending on the metabolism of the individual can be addicting with one dose. Just to bring in mind the case of——

Senator THURMOND. It does not necessarily, but it could do that——

Sergeant DENNIS. It could do that.

Senator THURMOND [continuing]. To some people.

Sergeant DENNIS. To add to that point, in the case of Len Bias, a University of Maryland basketball star, the autopsy on him indicated there was no hard evidence he was a regular cocaine user. They checked the tissues of the nose and the mouth and found no evidence of long-term use of cocaine. I believe on the night he expired, he had an unfortunate accident with a highly concentrated dose of crack.

They believe he purchased some crack in nearby Prince Georges County, which is close to Washington, DC, in a very small dose. I do not know what the exact percentage was, but he smoked it and apparently, the rush to his brain and his cardiovascular system was just too much for him to take and he succumbed.

In Maryland, what we are seeing a lot of, particularly on the lower shore, are dealers crossing the State lines coming into Delaware from Maryland. There have been a couple of cases where the residents are Delaware residents and they have crossed over into Wicomico County, Worcester County, to sell their drugs to the local criminal people.

Again, we have worked closely with Sergeant Leighty and members of the Seaford and Delaware State Police and hopefully, again in the future, we can foster this cooperation and sort of stem this tide as far as drug usage in the rural areas. Thank you.

The CHAIRMAN. I thank you very much.

Can you all hear in the back of the courtroom? I apologize for the heat in the courtroom, and I noticed some of you are probably as hot as we are up here.

It is not because of the facilities. The heat is turned off in here, and as many windows as can be opened are open. But the heat of the lights and I think the in-between season are the reasons for it. So, any of the ladies or gentlemen who are wearing coats—I know some of you are being very polite and consistent with the decorum of the room—but you are welcome to take your coats off, and men are welcome to take off their suit or sport coats if they would like. And you will not be arrested, as Senator Thurmond and I would ordinarily want you to be if you did. [Laughter.]

Again, I apologize.

Now, Chief, we would like to hear from you and Dover, if we could.

STATEMENT OF CHIEF JAMES C. HUTCHISON

Chief HUTCHISON. Senator Biden, Senator Thurmond.

I would, on behalf of all the law enforcement officers of the State of Delaware, like to thank you, Senator Biden, for your leadership role and your attack on the problem of drugs throughout the United States.

The CHAIRMAN. Thank you.

Chief HUTCHISON. The city of Dover is just like any other city. We, too, are having our problems. First of all, the city, as far as population, is 30,000 people at nighttime and it grows to 70,000 people each and every single day. In 1987, we ended up with a total of 232 people that were arrested for drugs in the city itself.

In 1988, we had an increase by 147 over the year before and a total of 377 people were arrested for drug offenses in our city. A recent survey regarding illegal use of drugs at Dover High School health classes involving all four grades—9th through 12th—revealed that 65 percent of the 246 responding students had used illegal drugs at one time or another.

The CHAIRMAN. I might add, I would be willing to bet you anything that survey is more accurate than the national surveys done because it was done by students.

Chief HUTCHISON. Yes, sir.

The CHAIRMAN. I think we should all listen to it.

Chief HUTCHISON. One March 17 of this year, as a result of a joint effort by the superintendent of schools, school officials, the Dover Police Department, and the Delaware State Police, drug-sniffing dogs were taken into Dover High School. As a result of that, a marijuana joint was found in one of the lockers.

But the interesting thing that took place as a result of that was the good responses and positive output that came back from the students themselves thanking us for being there, thanking the State Police for being there, and for their strong attack on the drug problem.

Also interesting was a recent drug test of a local construction company in the city of Dover. A total of 44 people were tested and 36 percent were found to be under the influence of some type of drug. We, too, have experienced a serious increase in robberies, burglaries, violent crimes on an everyday basis. Most importantly, we have never seen so many young people being involved in crimes as we are seeing today that are directly related to drugs.

I think that we have certainly worked very closely with the U.S. Attorney General's Office, the attorney general's office in the State of Delaware, and certainly all law enforcement throughout the State. I think more so now than ever before, that for us to have a fighting chance, that we must continue to fight together and join together totally throughout the State in fighting this ever-increasing problem.

[The statement of Chief Hutchison follows:]

CHIEF JAMES HUTCHISON
DOVER POLICE DEPARTMENT

STATEMENT PREPARED FOR
SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

THE DRUG PROBLEM IN THE CITY OF DOVER

The Dover City Police Department received a total of 85 drug complaints in 1987, which resulted in 232 people arrested for drug offenses, 22 of these being juveniles. In 1988, we received a total of 232 drug complaints, an increase of 147 over the year before. This resulted in 377 people arrested for drug offenses, an increase of 145 over the year before. There were 32 juveniles arrested in 1988, compared to 22 in 1987.

The City of Dover has a population of approximately 30,000 people at night time, and during the day this figure grows to approximately 70,000 people. To the south of the City is the Dover Air Force Base, with approximately 7,000 people. To the north, is the Delaware Technical & Community College. Also located within the City is the Delaware State College and Wesley College.

Dover High School contains 1,625 students ranging from ninth through twelfth grades. A recent survey regarding the illegal use of drugs in Dover High School health classes involving all four grades of high school students, revealed that 65% of the 246 responding students have used illegal drugs at least once. The Dover City Police Department utilizes three different types of programs regarding drug education and awareness in our school programs. The first program being Officer Phil which is geared towards kindergarten through fourth grade students. We also use the Triple Threat program which basically deals with fifth grade through college level. This program is also taught to boy scouts and girl scouts as well. The last program, entitled Peer Pressure, is taught by our department dealing with grades five through eight. It is our intention to go to every classroom at least once per year on the issue of drug education. We also have a full time youth officer whose specific duties deal with all the schools on a regular basis, forty hours per week.

On March 17, 1989, as a result of a joint effort by the Superintendent of Schools and school officials, the Dover Police Department utilized the Delaware State Police drug sniffing dog which was taken into Dover High School during school hours. The result of this initiative was that one locker revealed a marijuana joint inside one of the student's jacket. That student was arrested for that violation. We received good responses and positive output from the students as a whole supporting the effort to clean the drugs out of their school.

A recent drug test at a local construction company with a total of 44 tested employees, revealed that 36% of these employees were under the influence of some type of drug.

The City of Dover has identified a two block area of the City where blatant drug use and sales take place on a daily basis. The first approach we took was a stepped up enforcement effort with police working in an undercover investigation resulting in 50 arrests of people selling drugs to undercover police officers. Note that all sales except for 2 were cocaine which clearly identifies that the drug choice of today is cocaine. Upon completion of the initial drug bust, stepped up enforcement in the area continues to be a priority. The second approach we took was to get the political body of the City of

Dover behind the attack on drugs and crime in our City. The Mayor of the City of Dover led the charge by having on-going meetings with people living in the area of concern. The third approach was to reach out to the citizens that have been affected or are being affected by this disease and ask for their support. In this group were community leaders, business people, ministers, teachers, and recreation people. We have been in contact with the Superintendent of schools asking that schools be open for recreational programs after school hours. We are presently working with some business people and getting their support for possible employment opportunities. We have been in contact with some of our educators where free educational programs may be offered.

We are also working with school officials in attacking the drug issue from an educational standpoint. We have ongoing programs at the school during school hours and after hours reaching out to the students as well as parents that are concerned.

I am also serving on a special task force which includes 4 police chiefs, the Colonel of the State Police, and a superior court judge. This task force has been meeting with some State Legislators with the purpose of identifying concerns of the law enforcement community dealing with the development of better laws to enhance the fight against drugs and crime in our State.

We, of the law enforcement profession, realize that the battle against drugs is not something that can be completed in a short period of time. We realize that it will take approximately a five year commitment from everyone working together to get a good handle on the problem of drugs in our State. The most powerful tool of all in this war on drugs has to be through education; strict guidelines must be established and mandated for drug education programs and strong enforcement from kindergarten continuing through the college level.

DOVER POLICE DEPARTMENT
James L. Hutchison
JAMES L. HUTCHISON
CHIEF OF POLICE

The CHAIRMAN. Thank you very much, Chief, and I thank you all.

I might add, there are enough questions—and you gentlemen here, the six of you, could shed enough light on our inquiry—for us to keep just this panel, the whole day. And I am not exaggerating when I say that.

But in the interest of time, what we may do is ask you only as many as we can to allow you to get about your business, so that we do not tie you up. You are very important men and have other responsibilities. We may submit some questions to you in writing in addition to what we submit to you orally, if you would be willing to follow up on them. I do not mean in a matter of days, but in the next couple of weeks. We would appreciate it very much.

Before I begin my questioning, I think we should each, Senator Thurmond and I, keep our questions to 10 minutes a round so one does not get off in one direction alone. I would ask the staff to begin to time me and make sure that my first series of questions do not exceed 10 minutes.

I want to compliment you all on the very different picture I see here today than when I held the first hearing back in, I believe, 1982. We were not having as much cooperation then. There were complaints about the degree to which cooperation occurred and meetings with the Delaware State Police, the Wilmington Police, and the Police Chiefs Association, et cetera.

I really mean it. It goes to show that individual leadership can make a difference, regardless of what the laws are in terms of how much coordinated direction you are given. Individual leadership. And I particularly compliment General Oberly and Mr. Carpenter for the prosecutorial branches. We do not hear that all the time, I might add, from other States—I mean that—as you both well know from meeting with your respective colleagues.

Now, let me start and kind of work backward if I could here. Most Delawareans, I think, Sergeant Dennis, and maybe most Marylanders probably think that this drug problem and the potential for addiction, is really one that is limited to ghettos. Whether they are rural or urban ghettos.

You indicated that the Haitians have, in a sense, trained the black criminal element to take over this trade. Is that to imply that those who are in fact consuming the drug are blacks only? Those who are purchasing the drug are blacks only?

Sergeant DENNIS. Senator, what we see on the shore—to answer your question, it is not to imply that. But what we see on the shore primarily, as it relates to crack distribution—is a great deal of black involvement.

The CHAIRMAN. Yes, I am only talking about crack now.

Sergeant DENNIS. Primarily, it is confined to the black segment of the population in Salisbury. There have been some cases where some nonblacks have been found to purchase and consume the drug. But as far as the distribution and the addiction, it is primarily confined to the blacks.

The CHAIRMAN. Now, in other parts of the country when that is found, it is usually attributed to the cost—it is a cheaper drug to purchase on balance. Is that correct?

Sergeant DENNIS. Yes, sir.

The CHAIRMAN. And so, in a sense crack is more of a poor man's drug? Is that accurate or inaccurate?

Sergeant DENNIS. You could say that, yes, sir.

The CHAIRMAN. Now, I would like to ask you, Captain, in what I refer to as the open air markets and emporiums that you are finding set up in parts of Seaford and other places throughout the county—are those who are purchasing the drugs confined to any one particular economic segment of the community?

Captain PUGH. No, Senator. We have seen whites and blacks that have been our consumers and the ones that have driven to our open air market to purchase the drugs. We have seen all ages—forties, thirties. A perfect example, very briefly, would be the middle-aged, white x-ray technician that worked at a local hospital that passed about $3,000 worth of bad checks, closed account checks. When he was finally traced down, he was signed into a rehab center for the crack addiction that had come about while living in Seaford.

So, we are seeing all walks of life, Senator, that are purchasing the drug and consuming.

The CHAIRMAN. And Sergeant, many people, I suspect, in the northern part of the State of Delaware, would assume that the drug problem in Sussex County is a summertime problem. They would assume it is related to college kids and high schools kids in Rehoboth Beach during the summer.

Is that an accurate picture?

Sergeant LEIGHTY. Far from being accurate, sir. Most of the major investigations that we have worked jointly, have taken place throughout the year, one for sure in Laurel where we seized 6 pounds of crack and that was October 1986, and certainly was not in the summertime. This problem is a continuing problem in Sussex County and it has no time span as far as summertime only.

The CHAIRMAN. I think that is an important point to emphasize—and I mean this very sincerely—to our friends in the press who are covering this. This is not just a bunch of wild high school and college kids converging on peaceful Sussex County and Rehoboth and Dewey and the Delaware shore in the summer and carrying their vials of crack away with them.

This is an indigenous problem, as well. Is that what you are saying? Is that an accurate statement?

Sergeant LEIGHTY. Certainly, sir. Like it has been alluded to, these open air markets are not necessarily just in Sussex County. They are areas throughout Delaware with probably one of the biggest open air markets I have ever seen personally being Aramingo Avenue in Philadelphia, which stems directly back to our problems in Delaware. This is a day-to-day onslaught of drugs on the streets affecting our children and, like I say, it is just constant. There is no day off in the drug business.

The CHAIRMAN. I do not think so either, and the committee has had ample testimony about this problem in the Aramingo Avenues of the world and the barrios of San Antonio and Houston, in the colonies along the Rio Grande to Los Angeles, and in Chicago.

One of the things I hope this hearing will show—I only want what in fact the truth is—is that it is on the streets and in the neighborhoods of rural communities. And parents can no longer continue to think, as I suspect I would, that since they live in such an idyllic community that their child is not likely to be a victim.

Now, Chief, you indicated something that I thought was very, very instructive. I make a point to go to the high schools as often as I can. Since I have been back, I have reinstituted what had been a practice for the previous 15 years of hitting almost every high school throughout the State—which is impossible in South Carolina, I realize, but in our State, it is possible—and speaking to the students.

I have been speaking to the students only about drugs. An interesting thing I found which reflects on what you said—and I would like you to expand on it a little bit, if you would—is that the students at the particular high school you went into with the dogs, thanked you. They were not angry with you. There was not an uprising of "you are violating our rights."

When I speak to high school groups, students gather around me afterwards and they thank me for coming in because they are afraid. There are still a lot of students who do not use drugs at all, and have never used them, but they are afraid.

They are afraid of what has been brought into the schoolyard and the schoolroom. And not only because their neighbor in the next seat is or is not using the drug, but because their neighbor brings a friend who is a thug and who carries a gun into the schoolyard to sell the material. Is that your experience?

Chief HUTCHISON. This is true. And the most important thing—sometimes that is hard for us, especially in law enforcement—to keep in mind is that most students throughout the school system are good students. We have a small portion that is so overintimidating of the good students that sometimes that is all you hear about or see about.

But the majority of the students are good students and they do support law enforcement; they do support keeping drugs out of their school systems; and I think that all we have to do is work with them and they are willing to work with us.

The CHAIRMAN. General.

Mr. OBERLY. Senator, I can add one thing on to that, in that as far as I know, that may be the only high school in Delaware that has used the dogs in that capacity. Colonel Graviet and I met with one superintendent who will remain unnamed—at least he was willing to meet with us—when it was proposed that we use the dogs that we recently purchased and trained in Delaware.

The educational community was up in arms. They wanted no part of it and they were totally uncooperative, and feel that that is a police intrusion to the extent that—allegations are that it is disruptive, it is Gestapo, and we have found that there has not been that meeting of minds, at least up to this time, among certain elements of the educational community. So, while students, in some parts, may feel that, we have run into a great deal of opposition in certain segments of the educational community.

The CHAIRMAN. Well, my time is up, and we are going to hear from a number of principals later. What I am speaking about is the relief that I find among high school students who say they are not afraid of succumbing to using the drug, but they are afraid that they might find themselves in the middle of an incident where another student is using drugs or they become intimidated by someone using drugs, for anything from their lunch money to their automobile.

My time is up. I have several very detailed questions for Mr. Carpenter and General Oberly after Senator Thurmond asks his questions.

Senator THURMOND. Thank you, Mr. Chairman.

I might call attention to the presence here of the Assistant Attorney General for the Criminal Division, Mr. Ed Dennis. Mr. Dennis, you might stand.

[Mr. Dennis stands.]

The CHAIRMAN. I might add, Mr. Chairman, that he is a Delawarean, and he is going to be testifying in a moment.

Senator THURMOND. He is a top man in the Justice Department in prosecuting crime. He is the Chief of the Criminal Division.

I might also, while I am introducing people, we have here Mr. Duke Short, the Chief Investigator and Personnel Officer on the Judiciary Committee. Please stand and be recognized.

[Mr. Short stands.]

Senator THURMOND. And Mr. Manus Cooney, a lawyer on the Judiciary Committee, and he will remain after I leave. I have to leave by 11:10 for a 12:30 engagement in Washington. I think those are the ones I want to introduce at this time.

[Mr. Cooney stands.]

Senator THURMOND. Mr. Carpenter, as a U.S. attorney, you have had experience with prosecuting Federal drug cases. In your prepared statement, you testified to the fact that cooperation at all levels of the law enforcement community has helped to earn convictions.

Would you please discuss whether current Federal law adequately addresses the crimes associated with crack abuse, and whether the Federal forfeiture provisions are effective weapons in the drug war?

Mr. CARPENTER. Senator, in the field, I think we are very satisfied with the statutes that have been passed by Congress, particularly since 1986, and we feel that with the amendments that occurred in 1988, that we do have effective statutory authority to allow us to go forward and prosecute the cases sufficiently.

We also have a satisfaction with the forfeiture provisions. There is the one concern I mentioned earlier about the recent amendments. But overall, the 1988 amendments have been tremendously helpful, particularly with crack. We are now in a position where we can do substantial damage, we believe, to the crack distributors, even in small amounts of distribution.

We are very active in trying to promote the schoolyard statute. We are very active in looking at weapons. We have recently seized a submachine gun in regard to an area not far from the area we are speaking of, and from a statutory point of view, I am very satisfied and think that we can handle it, Senator.

Senator THURMOND. Mr. Carpenter, with the recent passage of the Anti-Drug Abuse Act of 1988, Congress enacted provisions which enhance the penalties for drug traffickers and violent offenders, and increased mandatory minimums of various drug offenses involving children. The legislation also provides for additional funding for State and local law enforcement.

To what extent do you believe the provisions enacted in this legislation will lead to heavier court dockets? And please discuss whether you believe more U.S. attorneys are needed to prosecute these cases.

Mr. CARPENTER. Senator, the Congress is very good to the U.S. attorneys in the last appropriation in the drug bill. The only problem that we see right now is trying to get those people on board in a timely manner so they can have an impact. I believe that a large majority of those attorneys have been hired, but they need to be trained, they need to get accustomed to the Federal system.

But overall, although I am confident that as we normally do, the Justice Department will come and ask for more assistance. We are very satisfied. When I first became an assistant U.S. attorney some 12 years ago, there were five assistants in the office. We are now allocated nine and I am very satisfied with the manpower.

We have actively gone out and solicited cooperation and business from State and local law enforcement. We feel that that is where we can have the greatest impact. There are only three DEA agents that cover the whole State. They have a great deal of responsibility in addition to this part of the State. One of those three is in a supervisory capacity, so therefore, has that to contend with.

But overall, we are satisfied with both our manpower. Certainly, any additional law enforcement resources would be greatly appreciated.

Senator THURMOND. Do you have any recommendations to anything further that should be done?

Mr. CARPENTER. From a statutory point of view?

Senator THURMOND. From any standpoint, to control this drug situation.

Mr. CARPENTER. I am confident that additional law enforcement resources, the police agencies, more DEA funding—we have a tremendous problem——

Senator THURMOND. Federal or State?

Mr. CARPENTER. Both, Senator. We also have a tremendous prison problem. We are presently transporting our prisoners that are being held in pretrial detention to Otisville, NY. So, our Marshal service, once they have taken custody of the person, must drive approximately 4 hours one way to place that person in a facility in pretrial detention. So, certainly, more prison spaces are needed, more DEA agents are needed.

Senator THURMOND. Thank you.

Mr. Attorney General, Mr. Oberly, reports on the drug problem in urban areas put much of the blame for increased drug abuse on unemployment and poor family structures.

To what extent would you say unemployment and poor family structures play a role in the growing crack problem in rural areas?

Mr. OBERLY. To my limited knowledge of that in the areas, I would think it is very high. The unemployment situation, the family situation causes a disproportionate amount of crime which has always been obvious in our urban areas. The same is being held true in the rural areas. So, I do not see any difference.

The problems that came about in the urban areas, I think, took more time to develop in the rural areas. But now they are developing and they are coming faster. I do not see any difference. I think the parallel is there and it is equal. I do not think it makes any difference from what I have been able to discern from my experience.

Senator THURMOND. Mr. Attorney General, crack is relatively inexpensive and easy to manufacture. To what extent is crack manufactured in the rural areas themselves instead of being shipped in from urban areas? There has been some information on that this morning.

Mr. OBERLY. I would like, if possible, that Mr. Pugh answer that. He is actually out in the field more than I am and probably can answer that a little better than I can, if that would be all right.

Senator THURMOND. Captain Pugh.

Captain PUGH. Senator, when crack first became available in our area in 1986, it was completely brought in from Florida by illegal Haitian immigrants. There was a direct connection from Fort Pierce, FL, to Seaford, DE. Now, as testimony has been this morning, our local entrepreneurs are now making their trips to nearby cities, returning with their powder.

Probably our fresh, as it has been referred to, crack, is more prevalent now, being converted here in Delaware than the Haitian crack that is being brought in.

Senator THURMOND. That is because it is more powerful, is it?

Captain PUGH. I am sorry, sir?

Senator THURMOND. That is because it is stronger and more powerful than fresh crack?

Captain PUGH. That is correct, sir. As Sergeant Leighty testified, when the purity of the Haitian crack started going down, then our local people began converting their powder to crack, and the potency was much stronger. Yes, sir.

Senator THURMOND. Captain Pugh, I want to commend your department for its efforts. From your testimony, it is clear that drug dealers have become a real problem in the town of Seaford. What would you say are the warning signs that other police captains around the country should look for so they can take other steps to try to keep crack out of their community?

Captain PUGH. Senator, that is a difficult question. When we were hit with the crack problem in early 1986, as we have stated, there was a direct relationship between the crack trade, the crack trafficking, and the illegal Haitian immigrants. The business now has become part Haitian and part local crack, as we have stated.

The warning signs, I think, would relate to powdered cocaine distribution, I think, as Attorney General Oberly has testified to. A direct relationship with poverty, unemployment can be definite warning signs. However, once crack does hit you, Senator, all walks of life are affected, all walks of life consume the drug.

Senator THURMOND. Captain Pugh, in your statement, you mentioned that crack dealers or street hawkers, as you refer to them, have taken to the streets to peddle their drugs to anyone who passes by. You note that it is difficult to catch these pushers due to the small size of a piece of crack. It can be disposed of or hidden rather easily.

In your opinion, what steps must law enforcement take to get these pushers off our streets?

Captain PUGH. Senator, I think, as with our Federal statute, with the minimum mandatory prison time that is devoted to the possession of 5 grams or more, I think if possibly our State statute fell in line with our Federal statute. Again, we are dealing with the prison overcrowding, the prison population. If there was some minimum mandatory time for the simple possession of even one-half gram of crack, I think that is where an impact would be made, sir.

Senator THURMOND. Thank you.

Captain PUGH. Thank you, sir.

Senator THURMOND. Sergeant Leighty—did I pronounce it right?

Sergeant LEIGHTY. Leighty, yes, sir.

Senator THURMOND. Undercover investigations are crucial if we expect to convict drug traffickers. Please discuss some of the problems associated with undercover investigations of crack dealers and traffickers.

Sergeant LEIGHTY. Well, I think we have discussed also, when we began undercover operations with the Haitians, once they moved in, our initial difficulty was they were new to the area. So, they were new to us. They had a totally different way of looking at the drug business.

They were very cautious. They were very security conscious. Like I say, we have surveillance photographs that we could show. When they first moved into the Laurel area, or any area that we could talk about, they were trying to keep it under wraps. They had hired local people to try to spot out undercover officers and they were very leery of people.

But, like I say, it did not help after awhile. There were just so many people, they had broken down their security. There was nobody there to say, this one is a police officer, this one is not. And we found that our investigation technique had to improve with this amount of people.

We moved into more surveillance, more surveillance photographs, again, working as close as we could in some of the areas. They had moved into Laurel; they had moved into Seaford. They were already in Seaford. They moved to Georgetown.

We also found that the undercover operation went less. More intense surveillance was working. We had to work very closely with Maryland because again, we found that when we put the pressure on them in Delaware, they would move over the line to Maryland. And it caused Maryland a problem.

For years, we kind of had your professional pride that you were doing this, doing that, and we found all those barriers going down and the cooperation going up. The people that Maryland would be investigating, our officers in charge of that investigation had already had a book on them. We were able to share this information, and I think it made the prosecution of these people a lot better. It definitely changed the realm of investigations, sir.

Senator THURMOND. Now, the others besides Haitians who have handled drugs in this State?

Sergeant LEIGHTY. Excuse me?

Senator THURMOND. The other people besides Haitians who have handled drugs in this State?

Sergeant LEIGHTY. Yes, sir. As I tried to mention, as our success grew with the Haitians, and our success with the State prosecutors and the Federal prosecutors, is where we found tremendous success. Again, new inroads were made here. The Federal Government had not prosecuted as many cases, but once we saw that we had this tremendous problem down here, the prosecution of the Haitians and, to be quite blunt, the taking back of their assets that they stole from the hard working people who stole from the hard working people to get the drugs, taking back these assets made quite an impact on the Haitians.

As we said, their product went down. And so, older established people who had gotten out of the business—they just could not compete for awhile—found that when the recipe was quite available on how to make it and they found a good quality supply of cocaine up in Philadelphia, then the process has reverted back. There are as many old-time dopers out there selling now—again, they are back in the business.

Senator THURMOND. What percent of drug distributors in this State—all types of drugs—are Haitians and what percent are otherwise?

Sergeant LEIGHTY. Well, like I say, sir, it would depend on the time. If we are talking 1987, almost 100 percent of the crack dealers—crack dealers—were Haitian. Now, I would say, that is quite a bit down from that. Anybody is capable of being a crack dealer now and the demand is still there. It is obvious with the amount of drug that is out there and the quality that we are finding in the powdered coke, the cocaine is here in abundance in the whole eastern seaboard.

Senator THURMOND. Would you have in mind any particular recommendation that you would make to Dr. Bennett concerning Federal assistance to State and local law enforcement in their efforts to fight crack abuse in rural areas?

Sergeant LEIGHTY. Sir, I agree with Captain Pugh that I think with our particular problem in Sussex County, that State law be enacted to make just very simple possession at least minimum mandatory time where people can get some kind of quality assistance, and the quality assistance, the medical assistance, counseling, and/or the prisons all have to be funded, sir.

Everybody is limited on funds. The Federal Government, I believe, has been fantastic in providing more funds, but the funds are there. If we talk about the overall solving of the problem, you cannot have more police officers out there arresting people and then not have a jail to put them in.

And you cannot have people being convicted of these heinous crimes, being told that if you get convicted, you are going to get 5 years minimum mandatory, and then not receive it because the jails are full. We simply have to increase the areas—if we are going to increase police officers, what I am trying to say, we have to increase the court system and the prisons to take care of what is going to be the overflow. I think our officers have done a fantastic job.

Senator THURMOND. Now, the Federal law we passed provided some deprivations to those who purchase drugs, but it did not punish every purchaser of drugs.

Do you feel that every purchaser of drugs, crack or otherwise, should be punished and not limit this to students who get loans from the Government, things of that kind?

Sergeant LEIGHTY. Well, sir, I think I clarified on who should be punished. I believe that there is such a potential for danger to the whole community, that people associating themselves, even in a user capacity with crack, there should be a different level looked at as far as, is it punishment or do they have such a problem that they are capable of going out and killing people indiscriminately, that we have to get them off the street into either some kind of treatment program, if that will work, or at least accept the fact that some people just simply need to be punished and put away from society to protect society.

Senator THURMOND. I believe in the Senate, considering this bill, a good many people favored punishing the purchaser, the purchaser of drugs, and I wonder how you other gentlemen would feel about that. Would you just punish the crack purchasers or just punish the students, with loans and things of that kind, or would you punish any purchaser of drugs?

Sergeant LEIGHTY. Well, sir, I think that again, the laws are there. There may be certain laws that I foresee or other people foresee should be increased penalties. But the law is there and I believe the police officers are being paid to enforce the law. How the courts punish them would be a matter of how people——

Senator THURMOND. No, you are not answering the question I want.

The CHAIRMAN. May I elaborate a little bit? We had a debate in the new drug bill that related to whether or not there would be a prison term and/or an automatic punishment for any person who used any drug, whether it was marijuana or crack or PCP or anything else.

There was a provision put in the law that an attorney general could make a judgment, in most States, whether they will in fact put this person on probation. And if the person is clean for a year or so, there is even, in some States, a provision that allows that to be wiped from the record at the end of a year, et cetera.

You indicated that crack is such an insidious drug, and that it is so addictive psychologically from the outset and causes people to do such strange things, that you think a person who is a user should automatically get a jail sentence. I think that is what you said.

Sergeant LEIGHTY. Jail or some kind of medical treatment, if that would be deemed necessary.

The CHAIRMAN. And he is asking whether or not that same rationale would apply to every drug, marijuana or any other controlled substance, or are you making a distinction for crack for a first-time user?

Sergeant LEIGHTY. Well, the distinction is there for crack, but certainly, sir, I am saying that we should enforce the laws to the best of our ability. Now, we have worked many cases that we have arrested simply the drug purchaser——

The CHAIRMAN. Excuse me again, Sergeant. He wants to know whether we should change the law. He wants to know whether you would like us to change the law to make the purchaser automatically——

Sergeant **Leighty**. I think putting them all in jail—the purchasers, sir—you would run out of jail space quicker than ever because there are just too many of them right now, at the present time, and we should concentrate on putting the dealers in jail first.

Senator **Thurmond**. Would you limit that then to the purchasers of crack or would you apply it to cocaine or would you apply it to other drugs? Would you make any distinction?

Sergeant **Leighty**. Well, I have tried to make the distinction. I believe crack stands alone as far as the devastation and those purchasers should be punished more—should have something more done to them. Certainly, other people——

Senator **Thurmond**. I would like to see how these other officers feel. Captain Pugh, how do you feel?

Captain **Pugh**. Senator, in regards to individuals who would purchase crack cocaine, yes. I think that there should be some type of minimum mandatory time, whether it is a matter of 10 days only in jail, in a prison. A perfect example—and I brought the videotape if you would care to view it or the committee would care to view it—we did a reverse buy operation where, in fact, an undercover officer sold crack to consumers and then the consumers were immediately arrested.

I think in that operation itself, there was a great amount of impact, but the impact would have even been greater had there been some type of minimum mandatory time—5 days, 10 days, yes, sir, with crack.

Senator **Thurmond**. And would you apply that to all drugs or just crack?

Captain **Pugh**. Senator, I do not think we can apply it to all drugs at this time.

Senator **Thurmond**. At this time?

Captain **Pugh**. Yes, sir.

Senator **Thurmond**. Mr. Attorney General, how do you feel?

Mr. **Oberly**. The sentencing decision is probably the most difficult decision you face and as President Reagan said a couple of years ago, "Let's punish the pusher, let's help the addict." In crack, one dosage could create you in the form of an addict. I think what we need to have is when we have a diversionary program—we have one in Delaware for first-time possession of nonnarcotic drugs—where you get 1 year probation and it is erased from your record.

There is a great deal of thought—and I believe also—that that penalty probably is a little bit too lenient. The idea is to give the person a chance; also to let it be erased. But it has become so commonplace that there really are no teeth to it. So, there should be something attached, be it community service or the like.

When you start getting into mandatory penalties absolutely in all cases, you have to be prepared for the influx you are going to have in your prison system. In the area of crack, you are going to have to also be prepared for the fact that the penalty could disproportionately fall on minorities, which is something I think you would have to consider.

What I think you could have is an interim step or an in-between step where the penalty for the more serious drugs would be up to a certain period of time and hopefully, our judiciary would look at the individuals and make that discerning decision with the help of the prosecutorial authorities and the police authorities to determine, this person may need medical treatment, as Sergeant Leighty has stated, or hospitalization because of their addiction.

There may be someone else, though, for their simple possession that does, in fact, deserve incarceration because they have had brushes with the law in the past and that person should be treated differently.

So, rather than go to a strict mandatory, regardless of all circumstances without any human consideration or any element, I think it may be better, in my personal opinion, to have the court give up to a certain period of time and be allowed to make those determinations.

Senator THURMOND. You have a drug bill in this State, I believe, do you?

Mr. OBERLY. Yes. Our statutes in this State are fairly good, except for the first-time possession of drugs where we are amending it to give, hopefully if the legislature will approve it, 50 hours of community service in addition. There should be some penalty attached and there certainly should be a review to determine whether or not the person is in need of medical or psychological or other therapeutic help. And that is not done in many of the cases.

Senator THURMOND. Mr. District Attorney, do you have any suggestions on this subject?

Mr. CARPENTER. Senator, it would be quite easy for us in law enforcement to stand up here and say yes, we should put them all in jail because that is what we would like to see happen, but that is not going to solve the problem. I do not have any additional solutions other than my colleagues, but this is not a law enforcement issue to solve. It is not going to be solved that way.

If anyone goes away from this hearing believing that the six or so of us at this table can solve the problem, it is not going to happen. This is a demand and supply together problem that we must address. I would prefer, instead of us seeing how many first-time offenders we can put in jail, to use some of those resources to educate our young children on the problems that we are facing.

Senator THURMOND. Chief Hutchison, do you have any thoughts on that?

Chief HUTCHISON. I would only convey the same thoughts as both Mr. Carpenter and Mr. Oberly did. I share both their feelings, and I think that most importantly—the most important thing that we have to do here today is realize that education has to be the most important thing of all, and it has to start from kindergarten and go straight through to college. It must be mandated and it must be done throughout the country.

Senator THURMOND. You feel that all the grades in school should have courses on the dangers of drugs?

Chief HUTCHISON. Absolutely.

Senator THURMOND. Sergeant Dennis, do you have any additional thoughts?

Sergeant DENNIS. Senator Thurmond, I agree in part with my colleagues as far as what you spoke of earlier, the minimum sentence for some of the more insidious substances like crack, and in the case of some of others—heroin, and the life. I am not sure how effective minimum sentences would be for a first-time user. I think what we have to find out is why these individuals are using the drug and integrate that approach with, again, education and treatment prior to any criminal sentence or civil penalty.

Senator THURMOND. Let me ask you this question. From your experience in Maryland, what has been the most effective weapon in your efforts to fight this wave of drug-related violence?

Sergeant DENNIS. In Maryland, again as I have testified earlier, what we found out, particularly in the rural areas, is we need more resources. Historically, the rural areas are the least staffed regarding police resources, and, as the population expands or sprawls from the urban run-off, the police departments, for the most part, remain constant.

Again in Maryland, to help solidify that effort, we incorporated the use of the local police and the sheriffs in specific counties where the manpower was low, and along with the Federal authorities, when necessary, concentrated on the problem so it would not expand into one area fresh again.

Senator THURMOND. Thank you very much. I want to thank all you gentlemen for coming here and testifying and us getting the benefit of your views. I do have 12:30 appointment in Washington and I am going to have to leave now and go back. I want to thank Senator Biden for his courtesies. It was a pleasure to be with him.

The CHAIRMAN. I want to thank you for coming over.

Senator THURMOND. I think Maryland is fortunate to have such good Senators here—Senator Biden and Senator Roth. They both do a fine job for their constituents. Thank you very much, Mr. Chairman. Please excuse me now.

The CHAIRMAN. Thank you very much. I appreciate it, and I am delighted to be able to serve Maryland as well. [Laughter.]

When I first got to the U.S. Senate, one of my duties as a junior Senator was to preside over the Senate. On more than one occasion, I would look to the senior Senator from South Carolina and say, "I recognize the Senator from North Carolina." I have never made that mistake since then. [Laughter.]

All kidding aside, Strom, thank you very, very much for coming over. I know it was difficult, but it was extremely helpful to the hearing.

Gentlemen, I have a few more questions before I let the panel go—and I know you have to go, Strom. Thanks again.

One of the things I think we at a Federal level—quite frankly, to be very blunt about it, Senator Thurmond and I have written every major new drug law. Either he has written it or I have written it in the first draft and it has ended up becoming law, or some version of it has become law.

One of the things I want to communicate here—and I had no intention of doing this, but each of you has said it in response, in some way or another, to a question from Senator Thurmond. To the best of my knowledge, every law that the various police organizations have asked for, we have passed.

I cannot think of a single law, except habeas corpus—and it is arguable whether or not it affects this issue—and the exclusionary rule that has been asked for, that at the Federal law, we have not passed.

We have fundamentally changed the sentencing provisions. There is flat time sentencing, and we put that bill in some time ago. One of the reasons why you go to the Federal court now is because on certain cases, as you know, it is minimum mandatory. Judges do not have discretion, or they have extremely limited discretion. Not like the old days, when we first got there.

The forfeiture laws have been changed. It used to be that you had to trace the exact dollar. Now, you show the proceeds of the profit, and you can go get them even though you cannot prove which dollars went into buying the house or buying the plane or buying the estate or into investing in the company. There is still the requirement of showing a nexus, but not the direct nexus as it was before.

There is even a death penalty in the Federal law that has now been passed. So, I want to send one signal out here. When the President was in our State—and it was very good of him to come and he was very gracious to me personally when he was here—he left a little bit of a misimpression. I am sure it was really a consequence of the speech writer.

He said what he wants are mandatory sentences. And he wants tougher laws. Everything he said he wants, he has been given. Now, there may be more we need, but every single solitary thing the President mentioned that he wants is in the law now, except one thing. And that is what I want to talk to you about—money.

I wrote a law a couple years ago that was, quite frankly, a consequence of help from the Delaware State Police, New Castle County Police, the Chiefs of Police Association, and the Dover Police. You all came to me—remember our meeting? You said, "Joe, hey look, this is all great for you Federal guys to tell us about this new responsibility, but we need money." Now, Ed is going to talk about this a little bit later. I can see him smiling out there.

One of the problems we had was called the Criminal and Juvenile Justice Act, and it got melded in with the big act we just passed. Its purpose is to extend and streamline grants to State and local governments and to authorize an additional $1 billion over the next 4 years. The State of Delaware has been getting about $500,000 a year specifically because of that law. And with the grace of God, the goodwill of the neighbors, and a little parochial input, you will be getting even more.

One of the things I would like you to speak to is whether or not you think you are getting enough help, not in terms of cooperation—because it is clear that you all have worked that out. I compliment you and I must say, to be very parochial, I am really proud of you all. To have Senator Thurmond here to see the caliber of people we have in this State makes me proud of you, your testimony, and your responses. Particularly the last several questions, which were difficult ones to answer and would be easy ones to duck, because the easy thing to say is lock everybody up. And particularly your comment, Bill, because locking everybody up is not the answer. It is not going to solve it.

Having said all that, I would like you speak about whether or not you think that with the additional responsibility that comes as a consequence of coordinating antidrug activities, that you all have sufficient funds, and whether or not you think the Federal Government is keeping its part of the bargain in getting you additional help into the State.

Bill, I will start with you because you are a Federal man and as you point out, things have increased in terms of aid to the U.S. Attorneys Office. I might add, for the record, every year since I have been chair—and I think every year since Thurmond has been chair—we have forced the Justice Department to take more money than they wanted. We literally have given them more than they have wanted. There may have been an exception along the line, but that has been the practice.

Now, we are in a crunch; we have passed a new big bill—$2.6 billion, plus this $1 billion in State and local—and guess what? We have not figured out how to pay for it, although we have advertised it. We have authorized it, but we have not appropriated it at all.

But I want to know whether or not you all think the Federal Government is keeping the commitment it made to you in terms of input of Federal dollars matched by State dollars in this process. Bill, I will start with you because you are in the toughest spot representing the Federal folks here. There is a whole panel of Federal officials coming up next, but I will put you on the spot a little bit.

Mr. CARPENTER. Senator, I think we have and certainly from a prosecutor's point of view, we have been more than—you have been more than generous to us. If there is an area where funding has not been—and is affecting the system—is in the prisons. We cannot tolerate for too long a period of time this daily trip to Otisville, NY, to house pretrial detainees.

The CHAIRMAN. You remember how that came about? We had a judgment here a couple years ago and only through a little bit of creativeness, were we able to figure out a way to take some of the Delaware State prisoners and put them into other facilities.

Mr. CARPENTER. We have suggested to the State authorities, through Bill Denney, who is also in the audience, the U.S. marshal here, the possibility of obtaining some Federal funds to support their effort in building a prison. I have encouraged the Governor's office to seek that money.

But overall, I think we have certainly dedicated our resources to them—personal resources, but I guess my colleagues are better situated to say, has the money come to them as they thought it was going to come? I think we have lived up to our part of the deal, but I am not out there needing the money either.

The CHAIRMAN. General.

Mr. OBERLY. We receive money, in my individual office, as we pretty much have needed it, so I have no individual complaint about that. I would say the only area of concern that I might have is that one of the things—you correct me if I am wrong—that prompted your pushing the Drug Czar, was a multiplicity of agencies that were dealing with the drug problem.

The CHAIRMAN. That is correct.

Mr. OBERLY. I think sometimes, on the Federal level, they drop money to a State and say, fight for it, guys. And I am not sure that we get the best for our dollar. Our Governor, for example, recently designated his now Lieutenant Governor to be a quasi-drug czar. I do not feel threatened by that whatsoever.

In fact, whether it is him, whether it is me, whether it is the U.S. attorney, or whether it is a blue ribbon committee to determine who they want the State to go is, I think you need to have that kind of coordination so that we do not develop 20 or 25 different entities in our State deciding what their individual priorities are, because each city and each town has priorities.

They have a problem, and they will absorb as much money as can be given. So, with limited resources, I think we might be able to do a little better on the coordination end and I think those of us who hold elected offices and those of us in the police agencies, we have to recognize that it may be that you need someone like the Lieutenant Governor to take that, or a Mr. Bennett in Washington to take that.

How it is going to work, I am not sure, but I am pretty sure of one thing—I do not think it can work any worse than it has been. It has got to be better. So, I would like to see a little bit more of that, perhaps, but I think on the whole, the money seems to be coming to the State.

And for my individual office, I feel that we have been treated fairly. Our drug unit in New Castle County is totally funded at the Federal level and will be in their third year. I hope when that runs out, the State will recognize that it is a serious problem and they will pick up the funding. But that is about what——

The CHAIRMAN. I might add, the reason it has happened—and I am not being solicitous—is because of your leadership.

In other States, it has not occurred because they have not gotten their act together to figure out how to apply for the money. But I would like to suggest that the police agencies represented here, as well as your office, General, should meet with me and my staff in this next round. I tightened up the law a little bit this last time around, to make sure that we were not just throwing money to the States, to be wasted in a dog fight among the various municipalities and the Governor and the State legislature and the local municipalities.

As I said, I am going to submit questions in writing to all of you—not more than two each. I would like to talk about forfeiture a little more with you, Bill, and I would also like to ask you to respond to the forfeiture question, which is in the new law and is a change. I know you have a different view--I assume you have a different view.

I might point out, by the way, that since we changed the forfeiture law—with your help—Delaware has gotten $631,000 in shared proceeds—or over a million dollars a year more than was coming in before. And that is in large part because of the cooperation and the willingness of the Federal authorities represented by you, Bill, and by the DEA. I think you have done a heck of a job.

And last, I will say to you that I think that we are going to have to deal more with increasing funding for DEA—and I am accused of it being one of my pets.

But again, I thank you all. Please take your crack with you and count all the bags. I truly appreciate your coming. We will take literally only a 2-minute recess for you in the audience who want to stretch their legs.

Before we do, I would like to compliment the Epworth Christian School. I understand that Linda Primo and Don Owens are here because the principal, Mr. Trice, is going to be here. But your kids have been well-behaved and I compliment them on their interest.

With that, why don't we recess literally for 2 minutes to give everybody a chance to stretch their legs. Thank you all.

[Brief recess.]

The CHAIRMAN. I would like to welcome our second panel. What I would like to do is give you and the press an idea of what the remainder of the schedule is in terms of time. I am not going to break for lunch. That is the bad news. The good news is, though, we will stop probably after this panel for about 15 minutes to give everybody a chance to go out.

Maybe if they brought their own sandwich, they will be in good shape. If not, they are in trouble. I suspect we will break after this panel for a few minutes. But depending on how we move along in this panel, we may go on to the next panel and break then. We will see.

To give the next panel an idea of when they are likely to be up—it will be at least probably a half hour or more. If they would like to get themselves some lunch or wait, it is up to them.

Our next panel is a very distinguished panel, led by, as I said, a former and we will still claim present Delawarean, although he is living in Washington, Ed Dennis. For those Delawareans who do not know, Ed holds one of the most important jobs in the Justice Department. He is Assistant Attorney General in the Department of Justice, and we welcome you home.

Then we have Thomas Kelly, Deputy Administrator, again, a very significant position in the Drug Enforcement Administration. It is very good of you to come over. It is nice to be with you again. We have done this before, and we will be doing it a lot, I guess, in the future. I appreciate all you have done.

And we have Dr. Elaine Johnson, Office of Substance Abuse Prevention of the U.S. Department of Health and Human Services. It is extremely gracious of you to come over to our State.

Now, with that, what I would like to do is yield the floor. In the order that I have mentioned to you, if any of you have an opening statement, and if you could keep it to 5 minutes, it would be helpful. If you do not have an opening statement, that is all right. We will put your entire statement in the record as if read, if it is longer than 5 minutes.

Ed.

STATEMENT OF EDWARD S.G. DENNIS, JR., ASSISTANT ATTORNEY GENERAL, CRIMINAL DIVISION, DEPARTMENT OF JUSTICE; THOMAS C. KELLY, DEPUTY ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION; AND DR. ELAINE JOHNSON, OFFICE OF SUBSTANCE ABUSE PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. DENNIS. Thank you very much, Mr. Chairman. I do have a prepared statement which I would like to make part of the record, and I will make my opening remarks very brief, because I think it is as important for me to respond to the questions you might have as it is for me to make a statement in this area.

Quite frankly, in preparing for this hearing, I found that perhaps we have not focused as much as we should on the Federal side on the problems of drug trafficking in rural areas. As you know, our focus has primarily been in the national and international sphere. Not that we have not worked, as Bill Carpenter, in a very extraordinary way with local law enforcement to deal with community concerns. When I was in Philadelphia, one issue that I have felt was very important to the U.S. Attorney's Office——

The CHAIRMAN. When you were in Philadelphia as a U.S. attorney?

Mr. DENNIS. As U.S. attorney, yes. It was the problem of neighborhood drug trafficking. In fact, through my Law Enforcement Coordinating Committee, I set up a neighborhood drug dealers project, which focused initially on open-air drug markets in the Hunting Park area of Philadelphia. As I understand from the testimony this morning, the areas around Aramingo Avenue are causing similar problems, and that is spilling over down here into Sussex County and as far down into the Eastern Shore as Salisbury, MD.

The CHAIRMAN. I might add, by the way, that not only have you not focused on it, but this Senator has not until lately focused on it. As Mr. Kelly can tell you, I have beat the DEA and others about the head for years about international drug trafficking. Quite frankly, it was not until a year-and-a-half or so ago in the case of any of us in this country, really, that we realized how insidious the problem was and how far down the level it has gone. So I do not want anyone here to walk away thinking that I knew this was a problem all along. I did not either.

Mr. DENNIS. Well, I think it is valuable, though, that in holding these hearings—this being the first of a number that would be held around the country—that it would really cause us to focus on this problem and really come to terms with it. I feel that in terms of what we have done in a general way to prepare ourselves to deal in a comprehensive way with drug trafficking, whether it is on the national, international, or local level, that we do have in place, I think, a program which I was somewhat skeptical of when it was first announced but of which I am a true believer in now. That is the Law Enforcement Coordinating Committee program, out of which efforts such as Bill Carpenter's to outreach as a Federal prosecutor and as the chief law enforcement, Federal law enforcement, officer in the District to provide the leadership and the coordinating focus for State and local law enforcement, and to set an agenda that is more balanced; that we do not just dictate but we listen to those in the local communities in terms of where they feel our efforts should go. I am very confident that the efforts that you have seen here in terms of the quick response, that when this Haitian problem came about, I was very impressed with the fact that it was recognized early. There was a very immediate response. There was a coordinated response.

I really think that if there is any program in place that we need to build upon in terms of future efforts, it definitely ought to be in the Law Enforcement Coordinating Committee program.

Additionally, I just want to say—and I will end my remarks so that I do not take up too much time—that certainly my personal background, being a Delawarean, growing up in Dover, DE, attending Dover High School—actually born in Salisbury, MD, so I am about halfway between where I was raised and where I was born, and both communities have tremendous problems—that I am naturally by my own experience and background sympathetic to this problem. It is one that I have continued to argue in favor of a balanced and comprehensive approach by Federal law enforcement, not to ignore the problems in the local communities in favor of international cases and national cases. There has to be a balance. Obviously, we cannot do it all. And I would suggest that where we are looking at the local communities and rural drug trafficking, we are probably looking at a leadership coordinating role in the Federal arena, rather than being able to put a lot of troops in the field. I mean, that is just not going to happen, as I see it.

Bill Glantz, who is the supervising DEA agent here in Delaware, I think has done an outstanding job, but his role and the role of the other DEA agents is really to bring the Federal—whether it be the forfeiture laws, asset-sharing, intelligence, being able to work with surrounding communities and States insofar as helping local law enforcement—that that is where they can be most effective. Going out and actually making cases themselves as Federal agents is not very practical, and I think that regardless of what additional resources are placed in DEA and in Federal authorities, that role will be the primary one that they will play in communities such as Sussex County.

[The prepared statement of Mr. Dennis follows:]

REMARKS

of

EDWARD S.G. DENNIS, JR.
Assistant Attorney General
Criminal Division

before

the

Committee on the Judiciary
United States Senate

concerning

Crack Cocaine Abuse in Rural America

on

April 10, 1989

Sussex County, Delaware

Mr. Chairman and Members of the Committee, I thank you for inviting me to speak to you concerning crack cocaine abuse in rural America. Let me begin by describing the threat that faces our society.

Cocaine, the most potent stimulant of natural origin, is extracted from the leaves of the cocoa plant which has been grown in the Andean highlands of South America since prehistoric times. The leaves of the plant are chewed in the region for refreshment and relief from fatigue. Pure cocaine, the principal psychoactive ingredient, was first isolated sometime after 1880; it was first used as an anesthetic in eye surgery, and later for surgery of the nose and throat because of its ability to anesthetize tissue while simultaneously constricting blood vessels and limiting bleeding. Many of its therapeutic applications are now obsolete because of the development of safer drugs as local anesthetics.

Illicit cocaine is usually distributed as a white crystalline powder, often diluted by a variety of other ingredients including sugars such as lactose, inositol, mannitol, and local anesthetics such as lidocaine. The frequent adulteration is to increase volume and thus to multiply profits.

The intensity of the psychological effects of cocaine depends on the rate of entry into the blood; intravenous injection or smoking produces an almost immediate intense experience. Cocaine hydrochloride, the usual form in which cocaine is sold, while soluble in water and sometimes injected, is fairly insensitive to heat. Conversion of cocaine hydrochloride to cocaine base yields a substance that will become volatile when heated. "Crack" or freebase cocaine in the form of chips, chunks or "rocks" is not water-soluble and cannot be injected or snorted; it is usually vaporized in a pipe or smoked with plant material in a cigarette or "joint." Inhalation of the cocaine fumes produces effects that are very fast in onset, very intense, and are quickly over. These intense effects are often followed within minutes by a dysphoric "crash," leading to frequently repeated doses and rapid addiction.

One of the most serious consequences of the increasing use of cocaine has been the emergence of crack. As cocaine usage has increased, so has the demand for a quicker, more intense "high". Crack, a highly refined form of cocaine, satisfies that demand. The "advantage" of crack is that its high is almost instantaneous; it lasts less than fifteen minutes. This "quick fix" loses its appeal however when its physical, psychological and societal costs are considered. Crack, in short, is a powerful, convenient, low cost drug whose dangerousness cannot be under estimated and whose usage is growing.

Until recently, the process of extracting freebase cocaine from cocaine powder usually required the user to handle volatile substances, such as ether. To minimize the danger and make the drug more profitable, drug dealers began converting large quantities of cocaine hydrochloride into cocaine base in the form of chips, chunks or "rocks". In this form, crack is now more convenient to use, as well as less costly and more readily available; it has emerged as one of the most marketable illicit street drugs.

Over the past three years crack's popularity has grown significantly. According to the Drug Enforcement Administration (DEA), crack was first noticed in 1981 in Los Angeles, San Diego and Houston, and has since become available in New York City, Newark, San Francisco, Seattle, Saint Louis, Dallas, Denver, Minneapolis, Phoenix, Philadelphia and Washington, D.C.; and, as we are discussing, today crack is becoming a drug of choice in rural parts of the United States. The statistics on the extent of crack abuse reflect and support what many experts feel is a crisis of epidemic proportions. Information collected by the Department of Health and Human Service's National Institute on Drug Abuse (NIDA) through the Drug Abuse Warning Network (DAWN) indicates that from 1984 to 1987 the number of injuries related to cocaine smoking increased by more than 106 percent. (Statistics are not completed for 1988). Most of this increase is believed to be due to the emergence of crack. DAWN receives reports of deaths and injuries in which drug abuse is a factor from hospital emergency rooms and medical examiner offices in selected cities throughout the country. Rural areas are not targeted; the data received by DAWN is further limited because the system depends on the victim's reporting truthfully the circumstances of each episode such as overdose, suicide attempt, car accident, etc. The real extent of crack use in rural areas outside of the targeted cities has not been statistically identified.

A key factor contributing to the increasing usage of crack is the higher probability of becoming addicted to it than to most other street drugs. Cocaine hydrochloride usually takes two to three minutes to have an effect, and that effect lasts anywhere from twenty to thirty minutes. With crack, however, powerful feelings of euphoria occur within seconds, and the effect lasts only five to ten minutes. This is followed by a deep depression that is considerably more powerful than that normally associated with cocaine. In order to escape this intensified "crash," the user seeks out more crack, creating a vicious cycle that quickly results in addiction. NIDA advises that, in contrast to regular cocaine dependency,, which has an onset period of three to four years, crack users can become dependent in only six to ten weeks. Many experts, in fact, believe crack dependency occurs even more rapidly. Indeed, crack's high addictiveness makes "casual" use of the drug virtually impossible.

Crack is attractive to dealers for several reasons. First, the drug is easy to prepare by combining cocaine hydrochloride with common household products such as baking soda or ammonia and water. This reduces the need to use the toxic or explosive materials normally associated with preparing cocaine to be freebased or smoked. Second, because crack is sold in small dosage units it is easy to conceal. Third, the product can be sold very inexpensively. The price factor has had a particularly dramatic effect by making cocaine affordable to many people. This creates a larger market, hence greater profits for the dealer. This factor has also contributed to the myth that crack is an "affordable" drug, when its actual financial burden in the long-run is greater than for most other drugs. While crack is sold in units priced as low as ten dollars, the drug is so addictive and the craving for it so intense that although the average cocaine addict may spend $200 per week, the average crack addict may end up spending $1500 per week.

The personal dangers of crack can be categorized into two broad areas: physical and psychological. There are numerous medical consequences incurred as a result of smoking crack. Cocaine hydrochloride is usually sold at purity levels of thirty to sixty percent. In contrast, crack is sold at purity levels of around seventy to ninety percent, and because it is ingested as a fume through the lungs, it reaches the bloodstream and brain more rapidly. This combination of high concentration and speed dramatically increases the likelihood of a fatal overdose. Other potential medical problems include life threatening seizures, body temperature soaring as high as 115 degrees, hallucinations, psychosis, extreme blood pressure elevation leading to brain hemorrhage and stroke and heart attack due to intense spasm of the coronary arteries; there is no specific treatment for crack overdose, nor does tolerance develop to the toxic effects of crack. In fact there are studies which indicate that repeated use lowers the dose at which toxicity occurs; there is no safe dose of crack. Finally, there is evidence connecting crack abuse with lung damage, neurological impairment, weight loss, and general debilitation from improper nutrition and neglected health care.

Because of the intensity of its pleasurable effects, crack abuse creates an extraordinary psychic dependency. Recurrent users may resort to larger doses at shorter intervals until their lives are largely committed to their drug addiction. Once the user builds up a tolerance to the euphoric effects of the drug, he or she will experience depression, irritability, short temper and paranoid reactions leading to violent and/or suicidal behavior. The dangers of these effects can extend beyond the user to people who come in contact with him or her. From the standpoint of society, the detrimental effects of crack occur when the high costs of addiction force the user into crime. Unable to support what quickly becomes an increasingly expensive habit, crack abusers must turn to illegal means for money. Eventually, the drug completely dominates the addict's behavior. Many crack users resort to prostitution, theft, drug trafficking, and other crimes to support their habit. Indeed, the Bronx District Attorney's Office has estimated that around 50 percent of all robbery arrests are related to crack. Crack, through its addictive powers, can dramatically alter a person's lifestyle and goals.

Another factor that makes crack extremely dangerous is its appeal to adolescents and low income individuals in our larger cities and rural areas expanding further the market for cocaine. These groups, which previously could not afford the high price of cocaine, now can obtain easy access to it because of crack. For many individuals, crack becomes their first involvement with drug use. Crack is particularly attractive to them for three reasons. First, it is widely available. Crack is sold openly on the streets and in some instances, dealers have been known to use business cards to advertise it. Second, as noted above, crack is relatively inexpensive. Third, crack is easy to use. Unlike traditional freebasing, crack allows the user to smoke cocaine without the dangers of explosive substances like ether, or concern about spreading diseases through unsterilized needles. For these reasons, crack has become extremely popular among drug abusers, and consequently, it is causing a major setback in the national effort to curb cocaine use.

The street level abuse of crack is driving the gang wars on our East and West coasts. The gangs battle for "turf" and money profits. Law enforcement is now reporting crack use as a burgeoning problem in the rural areas of our country, with the influx of Los Angeles street gangs such as the "Crips" and "Bloods" into these areas. There is also developing Jamaican gang activity which has been associated with the introduction of crack into rural areas by bringing crack, or more commonly cocaine powder to be converted into crack, from source cities such as New York, Detroit, Mami and Philadelphia.

The Drug Enforcement Administration, the Federal Bureau of Investigation and other law enforcement agencies have traditionally included statistics attributable to crack use in the statistical data for cocaine - related offenses. So unfortunately there really is no way to know the extent of crack use and its true impact on our rural communities. Similarly, DEA's DAWN reporting of emergency room and coroner office statistics do not accurately reflect non-city, non-suburban area drug use.

In February of this year, Pennsylvania's Attorney General Ernie Preate, Jr. told a rural group of citizens: "There is no community in Pennsylvania, no matter how tranquil, no matter how rural that is immune from drugs." In Pennsylvania, drug-related crimes in farm communities are increasing seven times as fast as in the cities.

The United States Attorney's Office in the Northern District of Indiana estimates the presence of sixty-five to eighty-five crack houses in Ft. Wayne, which is surrounded by rural communities, about 135 to 140 miles from Detroit. One Detroit family has been identified as the originators of the crack trade into Ft. Wayne. Members travel from Detroit through Lima, Ohio and other small towns into Ft. Wayne. Law enforcement estimates anywhere from 15,000 to 20,000 users smoke crack daily in the Ft. Wayne area. These users come into the Ft. Wayne crack houses from the surrounding rural farm areas. In the last six to twelve months, a number of young, sixteen to eighteen year old black males have been arrested in crack houses in possession of from 5 grams to 900 rocks of crack. Typically these sellers have been identified as coming by bus from Detroit to Ft. Wayne. Law enforcement agencies in the Ft. Wayne area also report an influx of "Crips" and "Bloods" gang members into the area from California.

This same pattern of gang movement is happening in Arizona; the Los Angeles crack outlets are reaching saturation and the gangs are rapidly expanding into the rural areas of Arizona.

The Southern District of Illinois has also experienced an increase in violence associated with drug trafficking as a result of the introduction of crack into the market. Two brutal murders in the area in 1988 were crack-related and attributed to California gang members of the "Crips" and "Bloods".

The United States Attorney's Office in Tallahassee, Florida has prosecuted and closed down a number of crack houses in the last year.

In Delaware, crack use is heaviest in the Southern part of the state which is a rural poulty farming and crop area. Crack is believed to have been introduced first into Delaware by migrant workers. Interestingly, Fort Pierce, Florida has been identified as the original source city. Presently crack is sold mostly on the street in Southern Delaware and not in crack houses. The pattern of crack distribution in Delaware has expanded from crack being brought in its rock form from Philadelphia and/or other source cities. Now, local sellers are bringing cocaine powder from Philadelphia and converting or "cocking" it right in the neighborhoods of Southern Delaware where it is sold in the street. Law enforcement personnel report that the buyers come in cars with license tags not only from Delaware, but Maryland and Virginia.

The low cost of crack increases its attractiveness to those in metropolitan and rural areas who have less income than the more affluent suburban residents for whom the more expensive cocaine powder is still the drug of choice.

There is no safe dose of crack and there appears to be no safe haven from the introduction of crack selling. Communities often recognize a crack epidemic when their law enforcement personnel realize that the murder rate has tripled in a three year period. The crack user smokes his crack generally where he buys it. He does not take it home and use it over a week period; if he or she buys a week supply they will generally smoke it all within one or two days. This phenomenon has spurred not only street sales of crack but the setting up of crack houses which have multiple purposes. Crack can be stored in the house, sold in the house and smoked right there.

A crack house can be defined as any building where crack and other illegal narcotics are sold, which has been fortified to delay entry by police officers armed with search warrants. The extent of fortification varies. Some houses have steel doors, steel bars on windows, and four foot iron posts embedded around the perimeter of the property to prevent vehicles from ramming the building. Many others, however, have the appearance of private clubs, though in reality they are fronts for drug dealings and other illegal activities. Delayed entry is necessary to give the occupants of the house time to dispose of, or conceal, the illegal drugs (e.g., by flushing them down a toilet or by hiding them in the building's walls.)

Most crack houses, whether fortresslike or bearing the appearance of an exclusive club, keep on hand only small quantities of crack and other drugs. The supply of crack usually is limited to 50 rocks, or doses, that sell for $25 to $50 each. The inventory is replenished as needed. Operators of crack houses often "hire" as many as three persons to sell the drugs during eight to twelve hours shifts; they keep a log to account for the narcotics sold each day. The daily income of crack houses ranges from $10,000 to $20,000.

The extent of criminal organization involved in crack house operations also varies. Some operators work from a single location, while others, either alone or in groups, operate multiple crack houses. It is these more organized operations that present a challenge to law enforcement officials. In most cases, crack house operators rent the building from a landlord who is not involved in the drug dealings. Evidence indicates, however, that most of the landlords either know or should know that the building they manage is used for drug trafficking.

When a crack house is located in a neighborhood, the problem becomes not only one for the police but also one for the area's residents who must endure a deterioration in the quality of life. Because residents know that drugs are being sold from crack houses and that police actions have been ineffective, the front operations have become symbols of neighborhood lawlessness and crime.

The Federal National Drug Prosecution Strategy mandates the enactment of model statutes and innovative investigation, enforcement and prosecution strategies to attack the drug problem and to spur local enforcement and prosecution efforts. Federal prosecution has been strengthened by the enactment of tougher drug laws that enable successful prosecution not only of those arrested in a crack house selling and/or smoking crack, but also the owner and/or landlord; the real properties can be forfeited closing the crack house and causing serious financial loss.

Title 21 U.S. Code section 841(b)1(B)(iii) establishes a mandatory minimum of five years to forty years incarceration for the possession of 5 grams or more of crack. This provision encourages prosecution when that minimal amount is involved.

Title 21, U.S. Code section 853 provides for the forfeiture of real property which facilitates or is the proceeds of drug related convictions.

Title 21 U.S. Code section 856 exposes the lessee, owner, and/or landlord, to prosecution and imprisonment up to twenty years and/or $500,000 in fines for the operation of a crack house.

Title 21, U.S. Code section 881(a)(7) also provides for the forfeiture of real property that has been used to commit or to facilitate the commission of drug law violations, and provides an additional vehicle whereby an absentee landlord and/or owner can be prosecuted and the crack house closed down.

Title 21 U.S. Code section 845(a) provides that violators of 21 U.S. Code sections 841(a) and 856 who distribute or operate a crack house within one thousand feet of a schoolyard receive a mandatory minimum of one year incarceration.

Recognizing that guns and crack go together, Title 18 U.S. Code section 924(e) was amended to provide a mandatory minimum sentence of five years incarceration, when a conviction occurs for a drug-trafficking offense and the offender uses or carries a firearm. This sentence must be imposed in addition to any sentence imposed for the drug-related offense.

To address the complex problem of crack house operations and their effect on the quality of life in District of Columbia neighborhoods, early in 1988 the Narcotic and Dangerous Drug Section of the Criminal Division initiated a model crack house prosecution strategy. This plan was begun with two purposes in mind:

1. To close down the crack house operation in District of Columbia neighborhoods; and

2. To provide a model for United States Attorneys Offices throughout the country for prosecution under the new provisions in the 1986 Drug Bill, and to encourage the states to enact similar statutes.

This District of Columbia project has resulted in the closing down of several crack houses and the successful prosecution of the sellers and users arrested in the houses, as well as the owners and landlords. A number of properties have been forfeited also.

Introduction of crack into the District of Columbia followed the national pattern; the drug was first brought in from New York.

The appearance of the crack industry has created a new dimension in the spread of cocaine. Given the enormous profits to be made, the dangerousness to the community and the large market, a strong message must be sent to those involved in the crack trade, as well as those considering entering it. Crack users exhibit the same violent and destructively aggressive behavior that is also associated with phencyclidine (pcp) abuse;

it is estimated that a generation of young black males is being wiped out. The insidiousness of the "crack" addiction plague is the strongest argument we have against the legalization of drugs.

The legalization argument rests on the assumption that drug laws, and not drugs themselves, cause the most damage to society. If drugs were legal, the argument goes, drug black markets worth tens of billions of dollars would evaporate, the empires of drug gangsters would collapse, addicts would stop committing street crimes to support their habit, and the police, courts and prisons would no longer be overwhelmed by a problem they cannot hope to defeat.

Most politicians and policy makers still regard the abandonment of anti-drug laws as dangerous apostasy. It would mean that highly damaging substances would be cheaper, purer and far more widely available, they say, and would cause a sharp jump in addiction, hospital costs, overdose deaths, destruction of families, and property damage. They say the losses would far outweigh the gains.

The sudden willingness of some elected officials to contemplate legalization may be only a desperate plea for a strategy to solve the intolerable drug problem. Cocaine and specifically crack, presents a very troubling set of problems to proponents of drug legalization who have to admit that the types of crime that might not be eliminated, would be the crimes committed by people because they are under the influence of drugs, such as child abuse and vicious assaults by people experiencing drug-induced psychosis.

Crack users are usually polydrug abusers; alcohol and heroin are used to soften the effects of the crash users feel when they are coming down from the intense high of smoking crack. As a result heroin is becoming an increasingly popular drug of choice again, not to be injected, but to be smoked with or after crack.

The proliferation of streets sales and crack houses in rural areas, and cities near rural areas, attests to the seriousness of the problem. Law enforcement agencies are seeing a pattern where mostly unstructured, young black American gangs buy kilogram quantities of cocaine from a metropolitan source. These sellers are generally young and unskilled and attracted by the high profits realized from crack sales.

The expense and danger of illegal cocaine may have limited the amount of cocaine most people use; however, cheaper and more easily obtainable crack leads to heavier use and an increase in incidents of depression, paranoia and violent psychotic behavior.

The enactment and enforcement of our tougher Federal statutes have provided the tools for successful prosecution of crack traffickers and crack house operators. A rural community's ability to ultimately wipe out crack street sales and crack house operations will depend on a coordinated federal and local law enforcement and prosecution effort.

The CHAIRMAN. I appreciate your comments and the acknowledgment of what we have not done. I might add that there is no way you would know this: Bill has recently been transferred. And one of the things I hope we can come to you for some help for along the line is the constant battle about whether or not we should shut down the DEA office here. The rationale being that it could be handled out of Philadelphia or out of Baltimore. I know Mr. Kelly has limited resources, but as he can tell you, I have on occasion raised that issue. And I hope we can somehow reach some accommodation to make it permanent.

At any rate, that is another question, and I have questions after we finish the rest of the comments.

Mr. Kelly, welcome again. Please proceed.

STATEMENT OF MR. KELLY

Mr. KELLY. Thank you, Mr. Chairman. I do have a prepared statement which I will keep quite brief.

We are finding that crack, once regarded as an urban phenomenon, is now invading rural regions of the country. While not nationwide in scope yet, crack is definitely posing some big-city problems for certain areas of rural America, such as increased violent crimes, burglaries, and cases of child abuse.

For example, last year in the small community of Naples, FL, population 17,500, there were 397 narcotics arrests, 77 percent of them involving crack. From January through March of this year, there have been 189 crack-related arrests. Based on these figures, the Naples Police Department anticipates roughly 700 arrests this year which will involve crack cocaine.

According to the Sheriff's Office in Gregg County, TX, there was an 80 percent increase in the number of crack cases from 1987 to 1988. Also during that period, robberies in this east Texas county rose by 70 percent.

Since January 1, 1989, 20 shootings have been attributed to crack in the Texarkana, AR, area. It is estimated that approximately 50 percent of all the shooting incidents in this area are crack related.

Between 1983 and the end of 1987, there were only 25 "termination of parental rights" actions taken against parents in Fort Wayne, IN. This type of action is taken only when there is evidence of life-threatening child abuse or neglect. In these 25 incidents, none were drug related. But from the end of 1987 through 1998, there are actions pending in 48 "termination of parental rights" which are directly related to drugs, principally crack.

Two months ago in Minden, LA, population 15,000, rival crack gangs exchanged gunfire at a local pool hall, injuring patrons. In Evergreen, AL, population 4,000, a joint undercover operation involving DEA, the Alabama Bureau of Investigation, and the Conecuh County Sheriff's Office resulted in the arrest of 20 individuals on crack charges.

Crack cocaine has literally taken over the lower income drug market throughout the State of Georgia, where the largest wholesale volume, in terms of amounts trafficked, is in the southeastern sector of the State. The Georgia Bureau of Investigation recently concluded an 8-month rural county special enforcement effort utilizing a squad of 37 agents to target drug trafficking within the 147 rural counties of Georgia. The enforcement effort began July 1, 1988, and concluded March 22, 1989. A total of 807 cases were opened, with 79 percent being crack related. Also, 160 arrests have been made to date as a result of this effort, and of that number, 78 percent were for crack cocaine.

The State of South Carolina is also experiencing an upsurge of crack availability. The Governor has established a special enforcement team of 60 agents—a combined force of State law enforcement agencies—to attack the problem. During the period of June through December 1988, a total of 845 drug arrests were made, with 30 percent being for crack cocaine. And the problem is growing in the State. Case initiations and arrests between January and April 1989 have been significantly higher for crack when compared to the prior 6-month period.

The State of North Carolina has concluded a 6-month intensive enforcement effort in both rural and metropolitan areas. A total of 711 arrests were made, with 60 percent for crack cocaine. The crack problem first developed in the rural areas of North Carolina in 1986 with migrant workers in transit along the Interstate 95 corridor from Florida. The problem then spread into the major metropolitan areas.

You have already heard in great detail the drug situation here in southern Delaware. U.S. Attorney Bill Carpenter and the State and local members on the first panel have clearly described the problems. I totally agree with their assessment. For the sake of brevity, I will skip that portion of my statement relative to Delaware.

Mr. Chairman, the problem of crack cocaine abuse and related violence is more and more becoming the concern of rural America. DEA is dedicated to continue to work with State and local law enforcement officials to address this problem by providing increased drug enforcement and inter-agency investigative cooperation. We are also holding "Crack Cocaine Conferences" throughout the United States to enhance the flow of information regarding crack. This will augment our tactical intelligence sharing through the El Paso Intelligence Center. To date, we have conducted eight conferences and have trained over 2,000 Federal, State, and local law enforcement officials.

I appreciate your giving me this opportunity to discuss this vitally important matter. I will be pleased to answer any questions you may have. Thank you.

[The prepared statement of Mr. Kelly follows:]

Statement

of

THOMAS C. KELLY
Deputy Administrator
Drug Enforcement Administration

before

the

Committee on the Judiciary
United States Senate

concerning

Crack Cocaine Abuse in Rural America

on

April 10, 1989

Sussex County, Delaware

Chairman Biden and Members of the Senate Judiciary Committee: I am pleased to appear before you today to discuss the problem of crack cocaine abuse in rural America.

We are finding that crack, once regarded as an urban phenomenon, is now invading rural regions of the country. While not nationwide in scope, crack is definitely posing some big-city problems for certain areas of rural America -- such as, increased violent crimes, burglaries, and cases of child abuse.

For example, last year in the small community of Naples, Florida (population 17,500), there were 397 narcotics arrests, 77 percent of them involving crack. From January through March of this year, there have been 189 crack-related arrests. Based on these figures, the Naples Police Department anticipates roughly 700 arrests this year which will involve crack cocaine.

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The State of North Carolina has concluded a six-month intensive enforcement effort in both rural and metropolitan areas. A total of 711 arrests were made, with 60 percent for crack cocaine. The crack problem first developed in the rural areas of North Carolina in 1986 with migrant workers in transit along the Interstate 95 corridor from Florida. The problem then spread into the major metropolitan areas.

Here in Delaware, drug trafficking and use have resulted in an increase in the level of crime generally. Most defendants facing sentencing for personal injury or property crimes claim that a drug problem was the cause of their illegal behavior. For example, in 1987, 50 percent of the homicides in Sussex County were directly linked to crack cocaine.

For the most part, the drug traffic in Delaware is dominated by small, informal groups, which may distribute in a particular neighborhood, or independent entrepreneurs, who travel to New York, Philadelphia and, at times, Florida to purchase drugs and then sell them in Delaware.

The lack of formal trafficking organizations has resulted in an enforcement strategy which identifies areas where local distribution is occurring and commits resources to attack the distribution area, rather than targeting specific individuals. While this strategy has been successsful, it has also made it more difficult for law enforcement to have a significant, long-term impact on drug distribution.

At the present time, there are three primary sources of the cocaine hydrochloride and crack being distributed in Delaware. They can best be characterized as Haitian crack distributors, the Arramingo Avenue connection in Philadelphia, and New York entrepreneurs.

Haitian crack distribution has grown from a limited market confined to Black Americans to open street selling in at least ten small communities in Delaware. Until recently, the crack was purchased in Florida and then carried to Delaware via private automobiles, trains, and buses. Current information indicates that Haitians and their associates are now beginning to travel to nearby cities (especially Philadelphia) to purchase cocaine and are converting it to crack upon their return.

Since 1986, over 50 Haitian immigrants have been arrested in Delaware on crack charges. They have been prosecuted primarily by the U.S. Attorney in the U.S. District Court. The federal judges have been consistently severe in sentencing convicted Haitian crack dealers with mandatory sentences often exceeding ten years.

Weapons have been seized in nearly every search warrant and arrest executed pursuant to cases involving Haitians. The Delaware State Police and local law enforcement agencies have indicated an increase in both property and violent crimes since crack was introduced into the area. There has been at least one murder directly linked to crack. Dorothy Hitchens, an employee at a 24-hour mini-market located near Seaford, was murdered during a robbery perpetrated for the purpose of obtaining funds to purchase crack.

Patricia Edwards and her mother, Elizabeth Harmon, were major crack distributors in Delaware who demonstrated the trend concerning the source of this drug. In late 1987 and during the first eight months of 1988, this mother-daughter team sold over 400 grams of crack cocaine in Delaware. During the early stages, the sources of the drug were in Florida and one source was a Haitian. When these sources became less accessible, the women sought and obtained the purer powder cocaine from Arramingo

Avenue and had employees cook the powder into crack. Edwards and Harmon had at least three middle-level distributors working for them. Each of the five involved individuals has been convicted of felony drug charges in U.S. District Court in Delaware. One of the middle-level distributors received five years imprisonment, and the other violators are awaiting sentencing.

Mr. Chairman, as is shown by the examples I have given, the problem of crack cocaine abuse and related violence is more and more becoming a concern of rural America. DEA is dedicated to continuing to work with state and local law enforcement officials to address this problem by providing increased drug enforcement and interagency investigative cooperation. We are also holding "Crack Cocaine Conferences" throughout the United States to enhance the flow of information regarding crack. This will augment our tactical intelligence sharing through the El Paso Intelligence Center. To date, we have conducted eight conferences and have trained over 2,000 federal, state, and local law enforcement officials.

I appreciate your giving me this opportunity to discuss this vitally important matter. I will be pleased to answer any questions you may have.

The **CHAIRMAN**. Thank you very much. Dr. Johnson.

STATEMENT OF DR. JOHNSON

Dr. **JOHNSON**. Mr. Chairman, thank you very much for inviting me to participate on this panel dealing with drug use in rural America. I do have a written statement which I would like to submit for the record.

The **CHAIRMAN**. Your entire statement will be placed in the record as if read.

Dr. **JOHNSON**. Thank you. I do have a very brief opening statement.

As Director of the Office for Substance Abuse Prevention, I would first like to acknowledge our appreciation to you for taking the leadership on the Senate floor in having the 1986 Act passed. It was that Act that, in fact, created the Office for Substance Abuse Prevention. We are also appreciative of your continued leadership in the passage of the 1988 Act. That act elevated the status of my office as well as doubled the budget.

The **CHAIRMAN**. I was glad to be able to be there for that one.

Dr. **JOHNSON**. Thank you. And, certainly, when you look at rural areas, they are not immune to drug abuse problems any more than any other areas in the United States. As a matter of fact, when you look at contemporary America, there are no groups or organizations or regional areas that are immune to the problem.

In our programs at OSAP, what we attempt to do is to identify and support projects to develop new and innovative approaches for the prevention, early intervention, and treatment of drug users. Looking at rural areas, in our first generation of grant programs, up to 21 percent of those dollars went to rural areas specifically, and another 28 percent of those dollars were dedicated to projects that serve both rural and urban areas.

In 1989, with the increase in our budget, we have two new grant programs. The first is funded through the States and is targeted specifically to dropouts or those who have the potential for dropping out of school. That is very important because, although the 1988 high school senior survey indicates that alcohol and drug use among mainstream youth is continuing to decrease, when you look at those who drop out of school, some 67 percent of them have higher rates of drug use than those who remain in school.

In addition, we have a second program dealing with substance abuse for pregnant women and postpartum women and their infants. Since this program funds communities directly, we are in the process of holding preapplication workshops across the country whereby we can provide technical assistance to groups and organizations interested in applying for these grants. Certainly, we want to make sure that these workshops are held in areas that are accessible to rural populations. We are holding them in such areas as Charleston, SC; San Antonio; Phoenix; and Portland, OR. These projects will be awarded prior to the end of this fiscal year.

Now, President Bush's revised budget for 1990 includes additional funds of some $35 million for community partnership programs. What this will do is allow us to mount comprehensive programs that will bring into partnership both the public and the private sector to develop and implement comprehensive prevention programs in their respective communities.

Unfortunately, the research funding to date covering the high-risk populations that we deal with is quite limited. What we attempt to do, then, is to come up with a mechanism whereby we can bring together as much information as we know from research, as well as information that we have gained from clinical practice, and focus on specific areas. We have done that on an annual basis for the past 2 years.

At our last learning community conference, as we call it, we organized a number of study clusters, including a rural program cluster. That rural program cluster came up with some major issues affecting rural areas as well as recommendations to the Office for Substance Abuse Prevention. Just generally, the issues that they raised indicated that rural areas are not equipped to deal with the alcohol and drug abuse problems affecting them. First, they do not, because of transportation, have easy access to facilities of care. Second, they have difficulty in recruiting and retaining professional staff to work in this area and, thereby, they often lack the skills to be competitive in applying for applications, particularly from the Federal Government.

In response to that, we are calling the cluster group leaders in for a meeting on April 29 and beginning to explore with them how we can be more responsive. Since the last conference was held in December, we have attempted to address rural needs, first, as I mentioned earlier, by having these technical assistance workshops for the new applications in areas accessible to rural populations. Second, we are launching a national training program, and we hope to include individuals from rural areas for basic kinds of training in terms of prevention, early intervention, and treatment. Also, we are bringing them together with in other organizations and groups like the National Governors Association, National Association of Counties, National Association of State Legislatures. These are groups that we work very closely with in identifying some national objectives, including ones that might be helpful and responsive to rural programs and rural populations.

So we were quite pleased to review these issues, as well as recommendations from the Rural Cluster Group, and we certainly plan to be responsive to them. That really is the trademark of the Office for Substance Abuse Prevention in that we try to reflect back to the community what they have identified as needs in our programming. I am very pleased to have the opportunity today to share some information about that, and I am looking forward to any questions that you may have.

[The prepared statement of Dr. Johnson follows:]

Presentation by Dr. Elaine Johnson at the request of Senator Biden

Panel on Drug Abuse in Rural America

Thank you for inviting me to appear on this panel on "Drug Abuse in Rural America." Rural areas are by no means immune to the current epidemic of substance abuse. In contemporary America, substance use/abuse has invaded populations in all areas -- rural, suburban, and urban. The Office for Substance Abuse Prevention strives to meet the needs of all areas of the country, and, in so doing, pays particular attention to the differences in the manifestation of the problem among these areas.

I would like to acknowledge our appreciation for your leadership on the Senate floor in gaining passage of the first Anti-Drug bill in 1986. Your desire to attain a drug free America has been further demonstrated by your continued efforts in gaining passage of the Anti-Drug Abuse Act of 1988 and your consistent support of our programs.

As you know, the Anti-Drug Abuse Act of 1988 had a significant impact on OSAP. In addition to doubling our budget to over $70 million in FY 1989 and elevating the Office to Institute status, this legislation has given OSAP several new initiatives. Before describing the new programs, let me briefly run through our ongoing efforts.

OSAP's initial and ongoing grant program for high risk youth was mandated by the Anti-Drug Abuse Act of 1986 to support model prevention and intervention programs targeting these youth and their families. In FY 1987, a total of $24 million was made available to fund 130 grants; these projects had grant periods of 1 to 3 years, which made FY 1989 the last year. However, supplemental funding under the 1988 Act will allow for $7 million to support an estimated 33 new grants. Rigorous evaluation of programs in order to promote replication will be stressed in this new cycle.

Another ongoing program conducted by OSAP is its prevention implementation program of conferences, workshops, and onsite technical assistance. OSAP conferences and workshops are held in every region of the United States. During FY 1989, OSAP staff delivered technical assistance and conference support to 15 different rural communities totaling 52 technical assistance days. In Oklahoma, for example, OSAP staff supported a conference of the American Indian Training Institute, which provides prevention training and education to Native Americans in rural sections of the State. In Pierre, South Dakota, OSAP staff assisted individuals concerned about youth involved in drug activity to form a task to address the problem in the surrounding rural communities. And in the still largely rural counties of Anne Arundel and Washington in Maryland, staff provided consultation on developing a county-wide prevention plans for the suburban and rural communities.

In addition to providing information through conferences and technical assistance, OSAP also distributes information through its National Clearinghouse for Alcohol and Drug Information. This contract operation disseminates up-to-date, culturally relevant information and print and audiovisual materials to the field and the public. Most of these items can be obtained free simply by calling the Clearinghouse (301-468-2600).

OSAP's Regional Alcohol and Drug Awareness Resource (RADAR) Network serves to augment the distribution of the Clearinghouse materials. RADAR, a system of resource centers in every State, has more than 300 associate members. This decentralized system allows us to make these materials much more accessible, especially for rural populations.

Other OSAP-supported communication and prevention activities include media campaigns; the review and creation of alcohol and other drug materials; and community assistance and support activities that have the facility to address immediate crises and to support other national organizations in the substance abuse field.

In addition to continuing the High-Risk Youth Grant Program, the Anti-Drug Abuse Act of 1988 has provided for new initiatives, which include the National Substance Abuse Training System, the Community Youth Activity Program, and the Model Projects for Pregnant and Post Partum Women and Their Infants.

The National Substance Abuse Training System, authorized under Section 508 of the Public Health Service Act, is a multi-faceted effort to train health and allied professionals, substance abuse counselors, social workers, and community-based workers in substance abuse prevention and intervention. The FY 1989 supplemental provided over $3 million specifically for this program.

The Community Youth Activity Program is a $15 million program that focuses on youth who are school dropouts, at risk of dropping out, or involved with gangs. The program consists of three distinct activities that are to be allocated, by law, the following percentages of the total funding: 5 percent for special projects of national significance, 25 percent of the remainder for block grants to states and territories, and the balance for competitive grants to states.

In addition to the ongoing OSAP programs and those established under the Anti-Drug Abuse Act of 1988, the new Bush Budget authorizes $35 million for Community Partnership Grants for Drug Abuse Prevention and Treatment. Under this program, OSAP expects to support in FY 1990 grants of $150,000 to $200,000 each to 150 to 200 communities. OSAP expects these grants to be 3 to 5 years in length. The purpose of this grant program is to:

--Initiate the formation of public/private sector partnerships in individual communities across the Nation to develop programs for substance abuse prevention and treatment;

--Demonstrate the effectiveness of community coalitions of organizations representing parents, schools, academia, business, industry, and professional groups in planning and implementing comprehensive prevention programs; and

--Develop information on effectiveness of strategies and programs for specific communities and target populations and models and processes that can be replicated throughout the Nation.

All of OSAP's programs are available to rural areas. However, due to the increasing concern with rural substance abuse, lately emphasized with the resurgence of "crank" or methamphetamine, OSAP has made a determined effort to fund critical and important prevention projects in rural areas. Rural areas received 21 percent or 27 of 130 total grants awarded to date and 21 percent or $5 million of total grant dollars distributed ($25.5 million).

To facilitate the sharing of information and development of community networking on high-risk youth issues, OSAP established a "Learning Community." This entity is particularly valuable to rural substance abuse professionals who do not have access to other professionals within their immediate geographical area. The Learning Community consists of grantees, researchers, and representatives from State agencies and National organizations concerned with youth at high risk for the use of alcohol and other drugs. At the First Annual National Learning Community Conference, participants exchanged among themselves and other experts in the field information on successful prevention strategies. But it was the Second National Learning Community Conference, held in Washington, D.C., on December 12 - 14, 1988, that permitted participants to be grouped by areas of interest. One of these grantee clusters was the Rural Program Cluster (RPC), which met half a day to discuss their concerns. OSAP documented 8 major areas of concern to the group and 5 major recommendations which the group made to OSAP.

These concerns are:

1. Rural communities have little or no experience with effective programs to combat experimentation with and use of alcohol and other drugs. Many of the problems facing today's youth are new to their parents.

2. Rural communities have a shortage of resources such as transportation to access available services and recreational facilities/activities where alternative programs can be developed implemented. The population is often dispersed and hard to reach.

3. The relative isolation of rural youth often leads to a feeling

of a lack of opportunity, resulting in less motivation toward academic and vocational goals and lowered expectations of the individual and family. Disappointment and failure become self-fulfilling prophecies.

4. Rural American families are poorly equipped, given their traditional, firmly established family structure, to readily understand and deal with the transient behavior of their youth indulging in substance use/abuse.

5. Rural communities heavily weigh the race, athletic ability, and experience of those in leadership roles. Racial issues are sometimes stronger in rural than urban communities.

6. Geographic isolation makes recruiting and retaining trained substance abuse professionals difficult. Professional isolation further stifles staff's professional growth, while social isolation stifles the social growth of the rural youth, exacerbating the professional's frustration.

7. Rural organizations/public agencies lack trained professionals who can write approvable applications to secure funds and, once funded, successfully implement and evaluate effective prevention programs. This is a critical deficit given OSAP's requirement for an acceptable outcome evaluation plan.

8. Rural America lacks education/prevention material that gives

appropriate consideration to the varying languages, reading levels, and cultural and ethnic sensitivities that can be found among its diverse socio-cultural, demographic, and economic populations.

To address these concerns and alleviate some of the problems of rural substance abuse professionals, the cluster group recommended that OSAP:

1. Fund grants for longer periods of up to 5 years to give rural programs time to secure the trust and support of the community being served.

2. Offer training in writing grant proposals; in-service training for RPC staff in substance abuse issues; formal training for community paraprofessionals; and training for parents, caregivers, and community organization networkers.

3. Offer guidance on how to interface with state governments and gain access to their resources, funds, and expertise.

4. Provide technical assistance to local school systems for developing substance abuse policies that are consistent with current substance abuse prevention knowledge and that provide continuity to set policies.

5. Appoint specific OSAP staff members to serve as rural program

consultants and coordinators. They could then become acquainted with rural programs and the problems and needs specific to them.

Future Directions

These major concerns and recommendations have been discussed both within OSAP and with leaders of the Rural Cluster Group. Consequently, OSAP has scheduled a meeting with the leaders of the Rural Cluster Group at the next OSAP conference on April 25, 1989, to develop a working agenda for a June 1989 conference that will revolve around the 8 concerns identified. This workshop will afford OSAP the opportunity to focus on the specific issues and characteristics of rural youth substance abuse problems and how best to address these problems.

In the meantime, OSAP program planning is taking rural concerns into increasing consideration. We have already begun to address the need in rural areas for instruction in grant proposal writing by holding our technical assistance workshops for the next grant review cycle in locales generally more accessible to rural areas, e.g., Columbus, Ohio; Charleston, S.C.; San Antonio; Phoenix; and Portland, Oregon. As you may note from the above, we intend to make the community partnership grants 3 to 5 years in duration, and the new high risk youth grant announcement allows support of up to 5 years as opposed to the 1 to 3 years suggested in the 1987 announcement. Finally, the national training system should be of particular benefit to rural areas since its intention is to reach out and provide skills where they are lacking.

I hope my presentation has given you an overview of how OSAP is dealing with issues of substance abuse that particularly affect rural Americans. As always, OSAP staff are available to offer consultation and onsite technical assistance to communities throughout the country. We welcome the opportunity to share our knowledge and expertise and thank you for the opportunity to profile our services.

FOLLOWUP QUESTIONS FROM BIDEN HEARINGS ON RURAL AMERICA DRUG ABUSE

Question. Throughout the 1980's, prevention programs have never accounted for more than 18 percent of the total federal anti-drug program. The president's fiscal 1990 request for prevention programs comes to 17 and a half percent of the total. Do you think prevention programs should receive more money than the President has requested?

Answer. While we cannot address the specific prevention increases proposed for other federal agencies involved in the anti-drug program, the Bush Administration proposal for OSAP prevention efforts would add a new $35 million program in FY 1990 for community partnership grants. The purpose of this program is to demonstrate the effectiveness of community coalitions of organizations representing parents, schools, academia, businesses and youth and other at-risk individuals in the planning and implementation of comprehensive prevention programs.

Question. If you had to recommend to me or to Drug Director Bill Bennett where we should spend more resources on reducing demand, where would you suggest we spend the money?

Answer. The Office for Substance Abuse Prevention believes that prevention and early intervention provide the most effective way to reduce demand in the long term, i.e., to cut off the flow of new users. Additional resources could be used to support the development of long term, comprehensive prevention/early intervention programs. These programs would be planned and implemented by and through community coalitions consisting of health and social service type organizations, juvenile and criminal justice agencies, parents, schools, businesses, etc. A complementary effort could target the provision of substance abuse prevention training to health care providers, including health care professionals, social workers, and community organization staff. Specific emphasis within these programs would be directed toward high risk populations who are not users of alcohol and other drugs or youth who have an early involvement with alcohol, tobacco, marijuana, or other illicit substances.

Question. Do you think local governments are committing enough resources to prevention and treatment programs.

Answer. From conversations with locally based grant applicants for Federal assistance programs, it would appear that many local governments cannot commit adequate resources to prevention and treatment programs for drug abuse. In the competition for funds at the local level, prevention and treatment activities usually do not have well organized, broad constituencies as do other services, for example, schools, fire departments, police departments or other services providers that serve the entire community in critical areas. Clearly, local communities, while willing, are nevertheless limited partners in the war on drugs.

Question. You indicate in your statement that the President's budget includes $35 million for "Community Partnership Grants" for up to 200 different communities. This money is to be used to "initiate the formation of public/private sector partnerships". Specifically, how will the community that receives these grants use the money to get parents, community leaders, businesses and professional groups working together on the drug problem?

Answer. The method by which Community Partnership Grants will be implemented in individual communities depends largely upon the nature of the drug and alcohol abuse problems within a defined geographic area and how the different systems within the targeted community have been organized to address the problem. Grant funds, however, may appropriately be used to acquire staff to organize community leaders, businessmen, local service organizations, parents, and others to develop and implement a coordinated community-wide prevention program. The roles and responsibilities of individual partnership members would be delineated and funds expended for services consistent with the goals of the project and the nature of the roles of partnership participants. Coordinating councils, centralized referral systems, case management approaches, innovative outreach strategies, and specialized task forces involving both demand and supply reduction agencies could be established.

Question. Can you give an illustration of how this would work in a rural community?

Answer. Organizing partnerships will vary somewhat from one rural area to another. However, one possible way a rural area may respond to this grant program is by forming partnerships among county and local governments and representatives from local unincorporated towns. The county government may, in turn, be charged with the lead responsibility for organizing and implementing a county-wide program with substantial involvement from local parents, school districts, law enforcement, businesses, churches and other organizations. Staff support may be provided to organize coalitions or partnerships and design and implement service programs consistent with local customs to cause a decrease in the demand for alcohol and other drugs, especially among the youth.

The CHAIRMAN. Thank you very much.

Let me begin with you, Doctor, if I may. Do you think that the local communities--and I am not asking you to specifically comment, unless you would like to, on Delaware and Sussex County—but do you think the local communities, the States themselves, are allocating enough resources out of their budgets to the prevention and treatment and education programs?

Dr. JOHNSON. I believe that States certainly attempt to be as equitable as possible in terms of allocating resources. We have received a number of concerns on the part of local governments, on the part of local citizens and organizations and groups in terms of their not having the access to as many resources as they would like. We have some concerns in this particular area.

Our programs go directly to the States as well as directly to community-based organizations. And we work very closely with States and local governments, bringing them together with the various organizations and groups that represent local areas.

The CHAIRMAN. Let me give you an example. I believe it is accurate, though it surprised me and it may surprise you. In the entirety of the State of Delaware there are only 12 public beds available for the treatment of drug addicts. Twelve in the entire State. One of the wealthiest States in the Union where we find we are able to give significant tax cuts to citizens year in and year out—which I welcome as a citizen. But there are only 12. We are in the process of trying to survey throughout the country how many of these facility beds are available. We do not know the answer in Delaware yet. We do know the answer in some of the larger cities. As you know, we are told that there are anywhere from 6 months to a year wait in America for people who are literally knocking on the door and saying, "I have a problem. I am a drug addict. I want help. Help me get off drugs." And in order to get into a program, they are required to wait, on average, I am told—staff, please correct me if I am wrong, but I believe in cities as large as Philadelphia, in New York and Los Angeles, it is about 6 to 8 months to get in the door.

I may be beyond your jurisdiction here. Is your office looking into that issue? Because the President has told me—and I believe he is committed—he will try to deal with this. I have spoken at length with the Drug Director, Mr. Bennett, and he and I spend a lot of time talking together, publicly and privately. One of the things I suspect his overall plan is going to envisage is a goal for what that time should be, that is, what it reasonably can be based on resources, and whether we try to get it down to a month or we try to get it to zero, however we change it, but to set a goal. I mean, he has not made a commitment to me that there would be a change. I am not saying that. But I made clear to him that I think it is a problem.

Does your office look into that issue?

Dr. JOHNSON. Let me tell you, OSAP is part of the Alcohol, Drug Abuse, Mental Health Administration, and within that Administration we administer block grants. There are some issues there that I think we ought to consider.

First, the State of Delaware receives about $1.2 million in block grant funds. My office itself provides approximately $600,000 for prevention demonstration programs. I do know that there is a site plan for the Sussex County area.

Now, the issue happens to be that the Federal fiscal year and the State fiscal years do not necessarily coincide. The policies and procedures States follow in allocating funding sometimes involves delay because their legislatures have to be involved in the allocation.

I am not assuming, however, Senator, that once the moneys are allocated that that is going to reduce all of the waiting lists. I am not saying that.

The CHAIRMAN. I am not suggesting it is either.

Dr. JOHNSON. Yes, but I am saying that moneys are just not drawn down probably as quickly as the local and community levels are in need of them.

The CHAIRMAN. I was not suggesting that I think any Federal Government tomorrow could come along and say, "Boom, no more waiting lists." I am just raising the question; I am not suggesting anything. I am raising the question that we could theoretically prevent from this moment forward any new person being added to the rolls of crack users or any drug users. We would still have in the street—let me get my numbers correct here. We would still have at least 6 million people who regularly use cocaine and 20 million Americans who regularly use some type of illicit drug. And about 54 percent of all our high school students would still be using, at least once, an illicit drug. So the point is, even if we stopped it tomorrow, bang, not a single new person tried a drug, we've got a lot of people out there with submachine guns, semi-automatic weapons, and everything probably except flame-throwers—and they probably have that on occasion—out there using the drug, hooked on the drug. We are talking roughly about 4 percent of the American population, and probably closer to 8 percent of the high teens and adult population, that is out there already hooked on drugs.

So we have to do something about those folks. I do not want the message communicated, nor do you, I suspect, Doctor, that we are not worried about being tough on folks. As I have said, I have written every new tough law every police agency has asked me to do, and it is there. But now we've got to do something about those folks who are out there because they are the ones committing crimes. And if they are knocking on the door and they cannot get into a room or into a treatment office—they may not require a bed, maybe it just requires daily or weekly counseling, I do not know enough to know which—but if they cannot get in that room, they are back out in the street taking my mother's purse, beating up my wife or me in a parking lot, getting my sons or daughter and the sons and daughters of all Americans caught in the crossfire, while they are continuing to wait to be cured, if they can be cured.

So I really hope that your office will not only deal with the block grant portion, which obviously they should. I want that, obviously. I funded it. I mean, I didn't, the Congress did. But I hope that you will take a look at and try to get a sense of what facilities are available in the various States—not just the cities—to deal with those folks who are already there, already on the street. We either have got to put them in jail, or we have got to cure them, one of the two. We cannot leave them on the street because they do not cure themselves.

I hope you will take a look at that if you could.

Dr. JOHNSON. I certainly agree with you that that is an issue that has to be looked at. I think it is something that both the Federal Government and the States have to come together in seeing a better way of making sure that the money gets to those programs in a more rapid fashion.

Let me just end by saying, too, I think that if we do not find ways of preventing the problem, the pool of users is going to continue to expand.

The CHAIRMAN. I agree. And I think that is what each of our law enforcement officers said a little bit earlier. You know, we have got to educate to prevent; we have got to try to treat those who are already hooked; and you have got to take care of putting in jail for a long, long time those folks who are not only may be hooked, but who also are the major reason why the market continues and flourishes.

Mr. Kelly, you have a great deal of experience in the detail of the drug problem—I suspect more than anybody in this room. I thought it was interesting that you mentioned something my Delaware colleagues said earlier regarding crack. I think the phrase you used was the "violence associated with crack." Is there any signature, if you will, of a crack operation that is different than a methamphetamine operation or a marijuana operation, as it relates to the violence attendant to either the distribution of the drug or the violence that flows from the consumption of the drug?

Mr. KELLY. Senator, there is to a degree. As a matter of fact, during the first panel you or Senator Thurmond raised a question to the sergeant, I believe it was, wanting to know what were some of the messages they give to other police departments throughout the country as to what to look for. I think the signature, as you put it, and the message to give to the other police departments is the radical rise in crime that takes place with the advent or the appearance of crack into a community, because it is so addictive. They is such an ungodly demand for crack once one starts on it; that to get the money to support that habit, they do anything they have to do for the money. When you have a rapid increase in crime of all types, you can normally say we might have a crack problem here, and you are normally going to be accurate in that assessment.

The CHAIRMAN. Now, one of the most difficult and contentious problems that we are facing today is the use of assault weapons by drug dealers. I suspect it is going to be most difficult to discuss in rural America, in communities like this one in my State, where we are very accustomed to taking great pride in protecting our rights to have and bear arms, where we have an awful lot of hunters and sportsmen. I suspect there are probably as many sportsmen per capita in this county than there are in any county in America. The Eastern Shore, or as I like to refer to it, the Western Shore of Delaware, is known worldwide for its sports facilities and hunting. And one of the things that does not always get across, particularly with organizations that like to mis-state what is being requested, is the direct association between the use of a hip-held, semiautomatic weapon and a pistol handle and short muzzle.

With your agents in the field, is there a genuine concern about fire power, the use of assault weapons by distributors of crack and other drugs, and their safety? Or is that merely a media hype? I have for 17 years, to the chagrin of many, not been a gun controller. I have not been counted among those who are called gun controllers in the Congress. I believe in the right to bear arms. Is it a hype of those in the Senate and the House who are "liberal gun controllers" and the media, or is it something your folks out there say—"I do not care what it is, I am worried because I am out there in the field, they are sending me out there, and I have big problems"? Which is it?

Mr. **Kelly**. Let me preface my response by saying that is a very sensitive question these days.

The **Chairman**. I know. That is why I asked it.

Mr. **Kelly**. And you are putting me on the spot.

The **Chairman**. I have. I know.

Mr. **Kelly**. Nevertheless, it is a real problem for our agents, to say the least; so much of a problem that we have had to re-evaluate the weapons we issue to our agents, the weapons we train our agents with, to the point now that we are issuing weapons to all of our agents. For the hip weapon, it is a 9-mm. Glock pistol.

The **Chairman**. You say "hip weapon"?

Mr. **Kelly**. Yes, to carry on the side. We are also issuing to all of our agents 9-mm. submachine guns that were specifically designed to meet DEA's needs.

The **Chairman**. Now, for the record and for the folks here and for the people covering this, what is the difference between the 9-mm. weapon and the standard issue that 4 years ago, 5 years ago your agents had?

Mr. **Kelly**. Which was basically a .38 caliber. The difference is for the size of the projectile, the damage it inflicts when it hits a target, and we have found, through testing, the 9-mm. to be more effective for our needs than the .38 caliber revolver.

The **Chairman**. Be more specific. If you shoot the .38 into that wall, then you shoot the 9-mm. into that wall, describe to me the difference what that wall is going to look like.

Mr. **Kelly**. If I may be so grotesque to use the human body instead of the wall.

The **Chairman**. Yes.

Mr. **Kelly**. The 9-mm. upon entering and penetrating the body cavities does more damage inside and, therefore, is more lethal than the .38 caliber, which we have found through experience quite often you can shoot a large-sized, muscular person with a .38 and it does not stop that person.

The **Chairman**. And they are carrying a 9-mm. probably.

Mr. **Kelly**. Exactly right, sir, and have been, with a lot of fire power behind it, which heretofore we did not have. We could not match them.

The **Chairman**. It is incredible.

I might add, in line with what you said, I had the distinct pleasure and honor of being the guest of the Governor of Mississippi and the State legislature very recently. It was last week, and I was invited by the President of the State Senate, who happens to be the Lieutenant Governor, and by the Speaker of the House in Mississippi, to come down and address them. And I got, I think by press accounts or by anyone else's accounts, an unusually warm reception for a border State Senator who they probably think is a Yankee anyway. They literally lined up. I do not know whether every Senator and every House member lined up afterward, but I suggest that the vast majority did. What they wanted to talk to me about, after they got their picture taken, were drugs in rural Mississippi. They were pleading for help in rural Mississippi.

I am just confirming the point you made. You could have spoken about Mississippi as well as Georgia or Alabama, I know.

Mr. KELLY. Yes, sir.

The CHAIRMAN. But to confirm what you said, I was startled. I really was. These folks who come from little towns, that are real little towns and real out of the way backwaters, tell me that their biggest concern is no longer making that dirt road a macadam road; their biggest concerns are drugs in their communities in Mississippi.

Mr. Dennis, I want to reiterate a little bit of your jurisdiction, so folks know what we are talking about here. You are the man at the Justice Department who has jurisdiction over organized crime, if I am not mistaken.

Mr. DENNIS. Yes.

The CHAIRMAN. You are the No. 1 man. You also are the guy who has the narcotics and dangerous drugs section.

Mr. DENNIS. Yes.

The CHAIRMAN. And you are also the guy who has the Asset Forfeiture Office under your control.

Mr. DENNIS. Yes.

The CHAIRMAN. All major, major, major players in this effort. And I might add again, out of pure parochialism, it is really incredible that a Delawarean is holding that very, very high office.

Mr. DENNIS. Thank you.

The CHAIRMAN. And you have indicated in your statement that you acknowledge at the front end, you, like us in Congress and everybody else, have not put the emphasis on rural America that has been on it in the past. But you indicated that it is not particularly realistic to think that there are going to be enough people, enough women and men under the control of the Justice Department, which includes the FBI, DEA, to be able to "people," if you will, all the law enforcement and other needs of rural America as well as urban America.

Mr. DENNIS. That is right.

The CHAIRMAN. Now, that leads me to the following question: Have you been in place long enough in your new office—and you may not have been—to make a judgment as to whether or not you think that the State governments, State legislative bodies, are doing as much as they could in terms of financing the kind of changes that are being requested and the kind of help that is being sought?

Mr. DENNIS. My impression is no. And I am not picking out Delaware particularly, just——

The CHAIRMAN. I did not mean Delaware. I meant nationally.

Mr. DENNIS. Nationwide, no, I do not think enough is being done. There are a number of areas in which I think the States are going to have to take on more responsibility, not necessarily responsibility away from the Federal Government, but play their role. One area I think that is very important is that the States really need to review their legislation to make sure that they have the parallel State forfeiture laws available, that they have realistic penalties for drug trafficking offenses. I think they need to really look at the State attorney generals and see whether or not they really have the jurisdiction to be able to deal with criminal cases that involve more than one county. Because in a number of States, the State attorney general does not have jurisdiction over criminal prosecution. That is handled strictly by the local county district attorney. Therefore, it falls oftentimes to the Federal authorities to deal with regional intrastate drug trafficking organizations, and that oftentimes is just not a reasonable way for the Federal Government to be using its resources.

I think the States are beginning to recognize that they must play a greater role.

The CHAIRMAN. I would agree with that.

Mr. DENNIS. It cannot go from the mayor of Philadelphia to the Assistant Attorney General for the Criminal Division. I think you have got to have Harrisburg involved; you have to have Dover involved; you have to have Albany involved. And this has got to be a partnership not just among law enforcement agencies—which I agree with you. I think that the law enforcement community has done a tremendous job. I know Chief Hutchison. I was speaking to my mother last night. She was just saying what a tremendous job that she thought he was doing and the Dover Police Department were doing. They were being very responsive, and I know that they are working with the State Police and working with the U.S. Attorney's Office. But I think also on the political side, talking to perhaps, you know, the Governors of the 50 States to really get them, as a matter of a consensus, on a bipartisan basis to really take this up as a very high priority, I think that that is very important. I think we really need to see more involvement on the State level, because I think they really need to recognize—and I think they do recognize now that this is a universal problem.

Mr. KELLY. Excuse me, Senator. I would like to add one comment there to support what Ed just said. There are a number of sizable metropolitan police departments in this country today that do not have a dedicated narcotics squad within their department. In those same areas, I get calls constantly asking to put more DEA agents in there to handle the narcotics problem when it is definitely a local problem, not a Federal problem.

The CHAIRMAN. Well, I must say publicly that our Governor, Governor Castle, I think is doing a good job. He has really focused on this issue and has worked very closely with our office and the Lieutenant Governor and Senator Sharp in the legislature. It is a bipartisan thing. I think it is one of the things that is coming to be realized, just like we are all realizing at the Federal level how much we have been focusing on international drug trafficking, interdiction, and the like—which I am not suggesting we should not. Now here we are.

I must tell you, the idea that when I got elected to the U.S. Senate in 1972 that I would be sitting in this courtroom—in which I have held hearings and town meetings a number of times—in 1989 worrying about and wondering about how to solve the existence of the sale of an addictive drug in broad daylight in any one of the cities, towns, and communities in this particular county, I would have said you were crazy. And here we are. And I think the States are picking that up.

I think that we are going to have to try to figure it out, and that is why we are working so hard. To be very blunt, the reason we are having these hearings, Ed, as you know—and you very well know, Mr. Kelly—is that the drug director is writing up his policy.

And I must tell you, I have some views as to what should be part of that policy. It is not my function to write the policy, and I said I would support him. And I have so far, and I will continue to. But I hope that these hearings that we hold here and across the country, on this and other subjects, provide some additional information for him to be able to digest and incorporate or discard. And I believe there will be some incorporation at least as it relates to rural America. I at least hope there will, particularly on this crack issue.

Mr. DENNIS. I would make one observation as well. The thing that was so disturbing to me when we recognize that the open air drug markets in Philadelphia were persisting, aside from the boldness of it, I think it is a direct challenge to the supremacy of legitimate Government.

The CHAIRMAN. Absolutely.

Mr. DENNIS. We run into this particularly in discussing issues with foreign governments, where this problem has gotten well out of hand, and the money generated from this traffic and what have you has caused great political instability. When you start reaching that point, then you have problems that are going to be compounded.

So I think that there certainly is enough reason for concern, aside from even the health considerations that we ought to be able to mobilize State capitals around the country to really deal with this.

The CHAIRMAN. I could not agree with you more. As both of you know, personally I have been very involved through NATO with trying to get NATO to put the drug problem on the agenda in terms of a common defense issue—Literally just put it on the agenda, like Russian Troops in Eastern Europe, Drugs. And I was just invited to be the speaker at a major international drug conference in Florence—you all will probably be there—and I cannot do it because of commitments here.

But in the meantime, I got a visit from the Italian official who is the equivalent of the Minister of the Interior, as you both know, and DEA has been working closely with him. I think DEA has done more to enhance Italy's antidrug efforts than any single item that has occurred in Italy, and they acknowledge it.

The Minister of the Interior came into my office and insisted that he see me—that is the same as their Attorney General plus additional responsibilities—to plead with me to come over to Italy to speak to them about what was happening in this country. And they point out just what you said; it is only recently they literally gained control of their government in parts of Italy, particularly Sicily. They would hold a trial, and the judge would get shot dead. The prosecutor's car would be blown up.

The idea that we are sending the message in this country that we cannot have our schools and their physical surroundings drug free—a school cannot guarantee that no one is taking drugs, but in terms of taking them and selling them and being part of the process of distribution on the campus, in the schoolyard, in the school, in the lunchroom, we cannot make them drug free—and if we cannot close down the brazen, open sale of drugs in this country, we literally are losing control. Literally losing control of the Government.

As you will remember, Mr. Kelly, when we wrote that Sicilian Connection report with your great help, we sort of blew this whole thing open a while ago. Do you remember?

Mr. KELLY. Yes, sir.

The CHAIRMAN. Remember what we did? We went up and we told one of these programs, "Sixty Minutes" or "20/20." They came back to us and said: "We think you are exaggerating, Biden, when you wrote this report." That was the essence of the statement: "We think you are exaggerating and that this is political hype." I said, "Follow me. Follow the trail."

They went to New York City and Wall Street, and they followed people wearing $500 suits, carrying $300 briefcases, standing in line like they were going to go to a movie theater. They had pictures of them standing in line and walking up to a little mail slot, sticking their money in and getting their heroin out.

Now, if we cannot take care of that, we are in trouble. But, at any rate, enough of that. I think we are all in agreement. I would like very much to submit some questions, Ed, on the allocation to the rural problem that you are considering. I do not want to hold you to it at this point because I know a whole re-think is going on. But I would like to get some input.

Mr. Kelly, I would like very much to talk to you about that issue, also, in terms of allocation, what you think is reasonable and necessary based upon your limited resources.

Dr. Johnson, I am going to submit some questions to you, too, if I may, particularly on the crack issue and the availability of medical help that relates to that issue.

I might say for the record that, as we all know, we found out today that crack is a smokeable form of cocaine, for lack of a better way to put it. I asked some of the experts in the country to tell me about why people get hooked after one hit on crack and can they, and the answer was yes. But it is interesting.

We should note it for the record so people in the community do not misunderstand. A stimulus such as crack works differently from depressants such as heroin. I know you all know this, but it has not been mentioned so far in the hearing. There is no physical dependence leading to withdrawal. Thus, it does not become an addiction in the sense of being physically dependent over a period of time. And there is not a need for detoxification.

Crack works by increasing the speed with which the nervous system works. When smoked, the drug goes immediately to the brain and makes the user feel a feeling of euphoria. Minutes later, as the amount of drug in the blood decreases, the effect is reversed. The nervous system begins working at below normal speed, and the user feels depressed. Then he or she needs another hit in order for them to be able to retain the feeling of euphoria they first felt.

Several repetitions of crack is referred to as a "binge," and this binge ends when the user's supply of crack is exhausted or when the body refuses to go on and the user literally falls asleep. What makes the user start the new binge a day later is not a physical dependence but the result of behavioral reinforcement. The user remembers the euphoric experience and has a psychological craving that, in fact, does not lend itself to a cure.

We do not have any programs out there to cure that. We figured out how to detox people on other drugs and have some prospect of dealing with it. But the dependence becomes almost immediate because the feeling has such an impact in going directly to the brain.

So it is one of those things that you point out, and everyone said the same thing, Mr. Kelly, the experts that I have been meeting with—and there is no better expert than you—that it, in fact, comes down to a simple problem. This thing is so addictive, no matter how the addiction comes about, that people become increasingly violent because of the absolute need for constant reinforcement. We have got to do something about it.

I appreciate your testimony here today. Thank you all for waiting.

The CHAIRMAN. It is now 12:20. I am going to do something that I guess you rarely have the prerogative to do unless you are a chairman. That is, I am going to change what I said, and I am going to keep going for a few moments because the next panel, one person in particular, is making a great sacrifice to be here. I thank you all very much for being here.

One particular person on the next panel is making a great sacrifice being here, and she needs to get back to work. She is making a sacrifice being here that is more than a sacrifice of her time. So what I would like to do now is call the next panel. We may just hear their testimony, and then maybe break and ask questions afterward to give you all a chance to follow up.

Margie Batson, would you please come forward? Rev. Walter Dixon, Seaford, DE, would you please come forward? And Richard Chalfant, plant manager of General Foods, would you please come forward? And Paul Russell, the program coordinator for Turnabout Counseling Center, and Stephanie Collick, a senior at Cape Henlopen High School, would you please come forward? We need one more chair.

Some of you are very, very accustomed to speaking to crowds and managing large organizations, like Dick and Reverend Dixon. But for others of you, this is a new experience, and I want you to know that you have nothing to worry about. Just think about it as the kitchen table, OK? It is kind of hard; the lights are kind of bright. But we are here to listen. There are no hard questions.

Margie, I would just like to thank you for coming. You have had a problem with drugs, and you are recovering from it. I know you have got to get back to work. I know you all have to get back to work, except Stephanie. You are probably not anxious to get back to school. But Margie has to get back to work to get punched in. I would like, Margie, for you to begin with anything you would like to say to us. Let me ask you a few questions after you do that. Then if you have to go, I would excuse you from the panel so you can get about your business.

STATEMENT OF MARGIE BATSON, RECOVERING DRUG ABUSER; REV. WALTER E. DIXON, MACEDONIA CHURCH, SEAFORD, DE; RICHARD L. CHALFANT, PLANT MANAGER, GENERAL FOODS, USA; PAUL RUSSELL, PROGRAM COORDINATOR, TURNABOUT COUNSELING CENTER; AND STEPHANIE COLLICK, SENIOR, CAPE HENLOPEN HIGH SCHOOL

Ms. BATSON. OK. My name is Margie Batson, and I am a recovering drug addict. I appreciate being here on this panel today, because it gives me strength.

Any questions that you have to ask me, I will try to answer to the best of my ability.

The CHAIRMAN. Margie, why don't you pull that mike a little bit closer.

Can you tell me what your problem was? What kind of drug problem did you have?

Ms. BATSON. Coke.

The CHAIRMAN. Cocaine.

Ms. BATSON. Cocaine and crack.

The CHAIRMAN. Cocaine and crack?

Ms. BATSON. Yes.

The CHAIRMAN. When did you first try crack?

Ms. BATSON. Crack about 3 years ago, coke about—I started off snorting coke.

The CHAIRMAN. Snorting coke?

Ms. BATSON. Right. And then I tried free-basing coke.

The CHAIRMAN. Explain what free-basing coke means.

Ms. BATSON. Free-basing coke is when you cook the powdered coke. It is a little bit different than the crack. I think that is more—what they call it is fresh now. Fresh is what is out now. Everybody is buying fresh. The crack is kind of playing out, but it is just a cooked form of the pure cocaine.

The CHAIRMAN. For the record, how do you free-base it? Through a pipe? Do you smoke it?

Ms. BATSON. You smoke it.

The CHAIRMAN. You smoke it. And cocaine you ingest through your nostrils, you sniff it?

Ms. BATSON. OK. You can have cocaine in the powder form, and you can snort it through your nostril. But you can have cocaine, and you can cook it up and you can smoke it. It is all coke.

The CHAIRMAN. It is all coke.

Ms. BATSON. Right.

The CHAIRMAN. Is there a difference between cocaine that you have snorted, coke you have cooked, and crack in terms of its effect on you when you were using it?

Ms. BATSON. Yes.

The CHAIRMAN. Would you tell us about that?

Ms. BATSON. OK. When you are snorting—snorting is when you put it up through your nose. You snort it through your nose. You get a high, but it is a completely—you do not get that rush like when you smoke it. When you smoke it, like you said, you get a rush that goes right to your brain, and it makes you want more of it.

Now, the crack, for a while there, it was more potent than the coke, and then it just started simmering off, and then everybody started cooking up the coke. And they call it fresh now, like I said. I think it is more potent than the crack, you know.

The CHAIRMAN. One of the explanations we got from the police officers here was that—well, what kind of crack were you purchasing? Were you purchasing the crack that looked like the French fry crack?

Ms. BATSON. Yes, a long bar.

The CHAIRMAN. That long bar.

Ms. BATSON. It was Haitian.

The CHAIRMAN. And we were told a little bit earlier, as you heard, that a while ago that dropped in potency. In other words, what you were buying originally, the first bit of Haitian crack you purchased, probably, had a higher percentage of cocaine in it.

Ms. BATSON. Right.

The CHAIRMAN. Purity, I should say.

Ms. BATSON. Yes.

The CHAIRMAN. But at the end of that process, you were probably buying stuff that was less potent.

Ms. BATSON. Yes, that is true.

The CHAIRMAN. Is that right?

Ms. BATSON. That is right.

The CHAIRMAN. Now, how much crack were you doing a day at the highest point?

Ms. BATSON. The highest point, about 25 hits a day.

The CHAIRMAN. Twenty-five hits a day.

Ms. BATSON. Yes. Just an all-day or all-night thing, or 2 days.

The CHAIRMAN. And then what would happen at the end of that time? Would you just pass out? Would you just end up sleeping and then get up and start it again?

Ms. BATSON. You just continued smoking until there is not any more to smoke. And then after there is no more to smoke, you get depressed, and you might get sick, throw up, or headachy. But after it is all gone, then you will go to sleep because you ain't got no choice if you ain't got no more.

Then after you wake up, well, with me, I would wake up saying why did I do that. Why did I spend all my money on that? And I went through a great depression after it was all gone or I woke up and all the film was gone. Then it would be like 3 or 4 or 5 days, and then it would be the same thing all over again.

The CHAIRMAN. I am not asking you to identify individuals here, although you are free to, if you wish, but where were you getting your cocaine and crack? Was it only in Sussex County you were buying? Or were you going off to Baltimore or to Philadelphia or to Wilmington to get it? Or were you purchasing it locally?

Ms. BATSON. Are you talking about the crack?

The CHAIRMAN. The crack.

Ms. BATSON. Basically right around this area.

The CHAIRMAN. When you think back on your using drugs, what makes you saddest about what it did to your life?

Ms. BATSON. It made me into a completely different person. I could not think right. I did not care about myself. I did not care about what was going on around me. All I thought about was that next hit. I did not care about my kids, my grandkids, my father, my sisters and my brothers. All I thought about was the pipe and the next hit, and that made me feel—most of all, I did not care about myself. If I did not care about myself, I did not care about anything that was going on around me.

The CHAIRMAN. Did you have children during this time?

Ms. BATSON. Yes, I have 4 kids and 3 grandchildren, from the ages of 17 to 24, my children, and my grandchildren are from the ages of 1 to 5.

The CHAIRMAN. When you were taking crack, where would you smoke it?

Ms. BATSON. I would hide in the bedroom away from my kids, where I should have been down with my kids or my grandkids. I would hide. I tried not to let——

The CHAIRMAN. Did you have any fear of being caught by the police?

Ms. BATSON. At that time, no, I did not have any fear of being caught by the police. I did not have any fear of anything, only just getting it.

The CHAIRMAN. I think it is remarkable and commendable that you are straight right now. But if you walked out of here and you wanted to get crack, would you have any trouble going out and buying it, walking out of this courtroom and in the next 10 minutes to half hour having some, purchasing some?

Ms. BATSON. Would it be a problem to get it?

The CHAIRMAN. Yes.

Ms. BATSON. No, it would not. I could get it in 10, 15 minutes if I walked out of here right now.

The CHAIRMAN. This is a hard question, and maybe it is not able to be answered. But what would you tell somebody—we have a bunch of young students here in the audience from Cape Henlopen High School. Well, they do not like being called young. I think they are mostly seniors. Dave Friedrich brought them on over. But what would you tell them if they came up to you and said, "It sounds like a hell of a rush. I would like to give it a shot. I would like to try it"? What would you tell them?

Ms. BATSON. I would tell them to say no. It is a living hell. If they want to live in hell—there is a rap out now that is called "Self-Destruction," and that is just what it is. It is self-destruction.

The CHAIRMAN. A rap song that is out?

Ms. BATSON. It is a rap song. There are a lot of rap songs out now about drugs that a lot of young kids are really listening to, and they are really good rap songs. You know, it is just self-destruction. I would tell them to just stay away. It is the worst thing that ever happened to the United States, as far as I am concerned. I mean, there is AIDS and there is war; I mean, a lot of things happening, but it is the worst thing. This crack, this coke, is the worst thing happening in the United States. It is a big problem.

The **Chairman**. Again, this is not an investigative committee. I am not attempting to have you identify anybody or any place, but what made you start? Was it people you hung around with?

Ms. **Batson**. A boyfriend.

The **Chairman**. A boyfriend?

Ms. **Batson**. Yes.

The **Chairman**. Well, you could educate us all if I kept you longer.

Ms. **Batson**. You can keep me longer.

The **Chairman**. Are you sure? Because I know you have to get back to work. I knew that was a problem for you, but if you are able to stay.

Ms. **Batson**. Well, excuse me. My boss said, you know, they called this morning, and she said I could have the rest of the day off. So I rushed and did all the work before I left. So I do not have to rush back to work.

The **Chairman**. I just do not want you not getting paid. That is what I am worried about.

Ms. **Batson**. Well, it does not matter to me about not getting paid, just as long as I am here, and anything that I can say that can help anybody. That is more than getting paid to me. It means more.

The **Chairman**. Well, that is nice. That is good.

Let me then proceed to Reverend Dixon and then Mr. Chalfant and then Mr. Russell and then Ms. Collick. If you could keep your statements to 5 minutes, I would appreciate it. I know it is hard for reverends and Senators to do that. I understand. But go ahead.

STATEMENT OF REVEREND DIXON

Reverend **Dixon**. Since what I have written has gotten cold, I cannot read too good, but first of all, I want to thank you for the opportunity of being asked to come to share with you my little knowledge that I have. I really do not have much in dealing with the dope, but I do have problems with those persons that come to me that are on dope, especially the mothers of several of these children in my congregation.

The **Chairman**. Would you tell us where you live, and how you got involved in all this?

Reverend **Dixon**. OK. I live in Seaford, DE. In fact, I live on North Street just a couple of blocks down from the place that they call "crack alley." The name of it is North and Third Street. If you would, Senator, I would like for you in your imaginary mind sort of go down that street with me, where you can see the young people, young boys and young girls that seem to have great potential. It seems like their future is ruined because of the fact of crack and other problems.

Let me just inject in here, this problem is not a black problem as such. It is not a white problem. But it is a problem of all of us. Several things that I probably would mention, I think the chief of police of Seaford has already mentioned because we sort of have been working with them. In fact, we had several meetings at the church trying to clear up this problem because of the fact people not being able to walk down the street or drive down the street without being approached, whether or not you want to buy.

Now, I have not had a lot of problems with it because everybody in town mostly knows who I am, so they do not bother me. But I see them bothering other people trying to sell them crack, and they are doing everything, as far as breaking in homes, snatching pocketbooks or whatever, shoplifting at stores, trying to get money to support this habit of crack. So I am involved in it because of the fact so many of the mothers and fathers, sisters and brothers have come to me crying asking my assistance in trying to help them, or their child has either been picked up for either dealing, either smoking, either for shoplifting or whatever because of this situation of crack.

So that is really my concern. That is why I am here. In fact, let me just inject this, too. I had a phone call this morning prior to my coming from a young lady in Laurel who lives at the housing project in West Laurel. She was talking about this past weekend how they are bringing the crack into their particular project; they are leaving cars parked elsewhere. They are using bottles such as liquor bottles, pint bottles, a fifth, whatever, in a bag, and they have this crack in the bag.

The CHAIRMAN. In the bottle?

Reverend DIXON. In the bottle, and they bring it in and disburse it in the project that way. I do not know if the police are aware this is one of the things they are doing or not, but this was one of her concerns this morning. She did call me on the phone telling me about that.

So, what I wanted to ask you, Senator, is: What do I say to a mother? What do I say to a father? What do I say to a young child that comes to me telling me that somebody in their family is hung up on crack? In fact, as early as yesterday, one of the mothers—the grandmothers—in the church came because her child, or her nephew, I think she said, is hung up on crack. These have been some of the cries, and I do not have any answers for them. I do not know who to go to to find an answer. I am sure you do not have the answer. I am sure that is what we are trying to work on. How can we solve this problem? How can we deal with this problem of crack?

The CHAIRMAN. Is there anybody you can send them to for help?

Reverend DIXON. Well, let me just inject this, too. The ministers, especially in the East Seaford area, we have gotten together, and we have some kind of a program. What we want to do, because a lot of these people do not come to the church except when they want—you know, they come with all kinds of problems. They will say, "I have got an electric bill, I have got this bill, that bill, rent bill," and they will use that to try to get money from the various organizations and the various churches. What they are basically trying to do is get money to support the habit.

We are trying to get together to carry the church right into the street in a nonviolent way. At the same time, we want to try to find out some of these organizations. For instance, say this young lady came to us and said, "I want to get off crack. What can you do about it?" We need to learn the organizations that are available that we can send that person to, where they could go for X number of days or X number of months until they are cured.

We thought one time about getting a place, something like for wayward people or for people that are on this kind of thing, where we could put them. Our problem is, like I heard you mention earlier, is how to finance this. And this is what the ministers are trying to work on. After we got that, we can convince these people or persons that what they are doing is wrong, that it is harming them, because most of us can say once a person has been on it, not only is there a confidence change, but the whole structure changes. Most of them after they have been on it a short period of time lose a lot of weight.

I worked with the hospitals, so I was in the position to learn about the young girl that came to have a baby with a venereal disease. The baby also was born with it.

So these are some of the problems that I need answers to, you know, or somebody that could direct these people.

The CHAIRMAN. Reverend, have you had any meetings with State or Federal officials about this?

Reverend DIXON. Well, not with the State, but we have had the mayor, we have the police officials to come in and help us. In fact, there is a meeting coming up soon—I think it was called by the mayor. He is the one that made it known to me—on the 19th of this month that will address themselves to that problem that we are having.

The CHAIRMAN. Well, the mayor is one of the people who called this and the extent of the problem to my attention when he was in Washington visiting with me. And he suggested I come down.

I would like to suggest the following: First of all, I think it is commendable what you are attempting to do. I think it would be useful for me to get together with you and all of the ministers who are concerned and involved, to bring in people from the State as well as the Federal Governments, and to sit down and go through with you what is available and what is not. I am afraid you are going to find more is not than is. But we can see if we can begin to generate some concern and some alternatives. So when you say to me, "Senator, what do I say to that mother or that grandmother or that father or that grandfather about their child or grandchild, or themselves," that we are able to say to you: "Reverend, this is where you send that person, if they are willing to go; and if they are not willing to go, this is how we try to get them to go so they do not end up getting themselves shot or in jail."

I thank you for your testimony, and I will be back for questions. Was there anything else you wanted to say?

Reverend DIXON. No, that is it.

[The prepared statement of Reverend Dixon follows:]

THE REVEREND WALTER E. DIXON
MACEDONIA CHURCH
SEAFORD, DELAWARE

STATEMENT PREPARED FOR SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

Drug Problems In The Seaford And Laurel Area

The drug problem in the Seaford and Laurel area is very oustanding. We, as community members, have held many meetings at our local church levels to discuss the ways that we can combat the problem. These meetings have included our local town officials and police department. Many different approaches have been tried, but none have stopped the problem. You might slow down the drug dealing in one area, but you come to realize that the problem only moved to another area. It seems that the problems just keep getting greater. All a person has to do is to take a drive or walk through many of our streets. You can witness the drug deals taking place, or will be approached to buy drugs. This drug problem causes theft and crimes to increase. Many of our local residents are afraid to leave their homes by themselves or to go out after dark for fear of what might happen.

Within the past several weeks, our local police departments have been more visible on our streets. Because of their visibility, it appears that the drug traffic has slowed or relocated. Maybe this type of visibility on the streets will help some, but it is only a beginning. Stronger action and enforcement is definitely needed.

We must have the stronger action and enforcement because of the effect this drug problem has on our young people. Too many young people have ruined their futures because of their addiction to drugs and as we know young people are our future! This problem of drugs must be stopped and it will take all of us - ministers, doctors, mechanics, secretaries, all of us working together. We must help all involved in drugs and stop this serious problem now!

The CHAIRMAN. Mr. Chalfant, I cannot tell you how much I appreciate your being here. You represent one of the most significant organizations in this State, and clearly in the southern part of the State. You run one heck of a shop. I know that firsthand. I want to point out for the record that the reason why we have asked you to come here is that one of the things that is not often looked at in this crack problem and other drug-related problems is the cost of billions and billions of dollars to the free enterprise system and to businesses. If the statistics are correct, 1 in every 6 users of drugs this very moment will be consuming that drug they use in their workplace. I believe that is an accurate number—is that not right?—and that obviously has to wreak havoc. I do not want to be next to the guy with the forklift who is using drugs. I know it sounds a little humorous, but it is real.

At any rate, I would be delighted and anxious to hear what you have to say, if anything, on this issue.

STATEMENT OF MR. CHALFANT

Mr. CHALFANT. Thank you, Mr. Chairman. I will submit for the record a report which outlines some of my thoughts on the drug problem and what General Foods Dover is doing in our plant and for our employees and in the Dover community.

I have no profound solutions to the drug problem. I do believe one exists in and around industry, and it is affecting our competitive edge. The General Foods Dover Plant has approximately 1,100 employees. We have a payroll of $30 million. We have two unions, and we manufacture food products worth approximately a billion dollars at retail.

We have not laid an hourly person off work in 7 years. We just signed a 7½ year contract which includes employment security. I believe our concern for our employees' employment security summarizes our belief toward the importance of the individual. Our employees are paid an average wage of approximately $12 an hour, and on top of that, they receive benefits of about 40 percent in addition.

We have numerous joint committees of salaried and hourly people which are designed to involve everyone with the businesses, but even with that, we are not immune, as you just mentioned, to the drug problem. We would estimate that approximately 15 percent of our work force is affected by drugs in one way or another.

Internally, we do a number of things to help our employees. To mention a few, we have full-time nursing care and doctor care, and we also have an employee guidance program which is designed for employees, their spouses, any children that they have in the family, where an individual or their children, for example, can receive help.

There is a 24-hour hotline. If an individual has a problem at 2 o'clock in the morning, they can get help. Whether it be with drugs or alcohol or financial or abuse or marital, we try to have this program to assist them in any way we possibly can. This program is paid for out of the medical plan.

I might add that the rate of pay is not what threatens industry, in my opinion, but rather the social problems in and around industry. Externally, I have outlined in the report a number of things that we try to do, but I will just mention two or three. We just recently gave Delaware State a grant of $275,000 over a 2-year period.

This is designed for children at risk and targeting the dropout problem. This program will support around 200 children a year to supplement their education in the areas of science and English and math. I could possibly use a little bit of that myself.

In addition, we are helping a program on Kirkwood Street, which is in the middle of Dover. It is an area that has a high incidence of drug activity. We support a basketball program there in that area. We have furnished lights for the court and bleachers, and we do a number of other things to help them.

Also, last year, in an area that is a Federal housing project, Liberty Court in Dover, on the west side of Dover, there is approximately 75 young people, average age 8 years old. Most of them are single parents. We gave $5,000 there for playground equipment for that area. We have also done some things like Kool-Aid parties. We are going to do some things this summer and sponsor an arts and crafts program in that area as well.

I guess one might ask why do this. In my opinion, it makes good business sense to care. I could go on for an hour talking about that, but that is how I personally feel. I believe also that business has an obligation to give back to the community of which it is a part.

I recently visited the Vietnam Veterans Memorial. To me, as you stand back from the wall, it is like a mirror, and it reflects your own image against the wall. I think it symbolizes that there by the grace of God go I. Our society faces many social problems, whether it be drugs, chronic illness, mental or physical disabilities, poverty, hunger or homelessness. Many times it is only by the grace of God that we are able to avoid these problems ourselves.

Thus, the Memorial took on a broader meaning for me than just the war, and that is why I care.

Thank you.

[The prepared statement of Mr. Chalfant follows:]

Dick Chalfant

SENATE JUDICIARY COMMITTEE MEETING

APRIL 10, 1989

GEORGETOWN

Mr. Chairman, I appreciate the invitation to participate in this meeting today and have a statement to submit for the record. First, I think it is apparent that a drug problem exists in our nation, and this certainly includes and affects industry. A recent "Above the Influence" statewide drug program pamphlet reported that the cost to American business and industry exceeds $170 billion annually in lost productivity due to drug and alcohol abuse and that 62% of our high school seniors admit having tried some illicit drug before finishing high school.

My opinion is that industry needs to get more involved. The primary area that needs attention and focus for most communities in our nation is the area I would define as "Children at Risk", and Dover is no exception to this problem. These children can be at risk for any number of reasons. These include such things as drugs, dropouts, teenage pregnancies, etc. I believe it is important that we continue to form partnerships with plants, school officials, city officials, government, and business to help improve and/or resolve some of these pressing problems. If these problems continue to escalate, then we will all be at risk. This includes the business community itself, because we reach into the community to hire our future employees. If industry is going to compete globally, then we must have a work force of both salaried and hourly people who can work together, who are flexible, and who are educated and able to deal confidently with new technology and a changing environment. This is becoming increasingly difficult to achieve, and I think it is due primarily to the factors that I mentioned earlier, and eventually it will increasingly affect our competitive position.

With that in mind, following are some things that we at the General Foods Dover Plant try to do to help deal with this ever increasing problem. I will divide this discussion into two pieces: one -- internal to the plant, and two -- external to our plant.

From an internal standpoint, we continue to have a very good working relationship with all our people. We have not laid an hourly person off from the Dover plant in over seven years, and we just signed a 7-1/2 year contract which includes employment security. But like any family, we are not without our problems; and we recognize that we do have a drug problem. I would estimate that internally we have around 10 - 15% of our work force being affected by this problem. When we were hiring people over a year and a half ago, we had approximately 40% of those individuals testing positive to drugs. However, recently we have been hiring, and we only have had two out of 80 individuals testing positive. This disparity is difficult to explain. However, a possible explanation may be that the current individuals being hired are more senior in both age and in previous experience.

With that background, the following are some things we attempt to do for our employees:

1) We have monthly Health and Safety Meetings, of which drug and alcohol abuse is a point of discussion.
2) We have periodic information inserts distributed to our employees regarding various health risks and issues.
3) We have an Employee Guidance Program available to all employees and their families to assist them with drug and alcohol problems, child abuse, financial problems, etc. This program is totally confidential and is partially funded by the company.
4) Anyone who must receive treatment for alcohol or drug abuse, such as a 28 day stay at a detox center, has the program costs paid out of the GF medical plan.
5) We have regular training sessions for management and union leaders about how to address and assist people with various kinds of problems, which include drug related problems.

Externally, we have done a number of things in and around the Dover community over the past several years to try to assist people and the community with efforts primarily under the umbrella of "Children at Risk". The following is a brief recap of some of these activities:

1) We have supported the Delaware Special Olympics for the past seven years, and we currently give this effort $10M a year, along with people support.

2) We have for the past five years supported Camp Lenape, which is located in Frederica and is connected with the United Cerebral Palsy Foundation. We have done a number of things for the camp. These include (a) building a multi-recreational site for handicapped clients, (b) upgrading the rest rooms to include handicapped equipment, (c) building a handicapped shower, (d) installing a handicapped swing, and (e) supporting the annual Cerebral Palsy Telethon.

3) We have been working with Delaware State College and recently gave them a $275M grant to support a Saturday Academy and an Intensive Summer Science Program over a two year period.

4) We are involved with the Kirkwood Street Basketball Program and have provided new lights and bleachers on Kirkwood Street in Dover.

5) In 1987 we built a new baseball practice field at a cost of $10M in the Williams Park Area of Dover to provide additional baseball practice facility for young people.

6) We have been involved for four years with the Murphy School in Dover and have provided various supportive gifts to this school.

7) We have been involved with the Migrant Workers Program for four years and have provided programs each summer for the past four years.

8) We have assisted DAPI (Delaware Adolescent Program, Inc.) which primarily is a teenage pregnancy center, in relocating and plan to include the program in our "Children at Risk" effort.

9) Liberty Court, which is a low cost housing area in Dover, has approximately 75 children at an average age of 8 - 9 years old with mostly single parents. We have provided new playground equipment and will be working with them on an arts and craft program two days a week this summer.

In conclusion, I believe that the key to being competitive worldwide is not based on whether a company is paying an individual $5.00 an hour or $12.00 an hour. Japan's wages in its major plants are competitive with our wages. We have an average hourly wage of approximately $12.00 an hour in the Dover plant, and this does not include the benefit package. I personally do not believe that wages paid to employees is the factor which will lower our competitive edge.

The key is not driving down the hourly rate of pay, but instead is dealing with the social problems that affect our work force. If we are able to stop the drug problem and the educational "dropout" problem that exists in our country, thus achieving a sounder work force, I believe we will be able to compete with anybody worldwide.

As Ernest C. Hugh stated in his recent book, The Spirit of Manufacturing Excellence, "Increasingly, it is good business to care. As innovative technology and the rate of its replacement accelerates, the human beings who are the source of innovation become considerably more important to the modern firm, whose competitive advantage relies on innovation, and innovations come just as often from the factory floor as from the corporate office."

I recently visited the Vietnam Veterans Memorial in Washington D.C. As you know, standing within inches you can see the names listed. However, a few feet away you cannot see the names, but you can see yourself -- It's like a mirror. To me, this memorial symbolizes the belief that "there by the grace of God go I". Our society and community faces many social problems. Whether it be drugs, chronic illness, mental or physical disabilities, poverty, hunger or homelessness --It is only by the grace of God that we are able to avoid many of these problems ourselves. Thus, as I saw myself reflected in the polished granite of the Vietnam Veterans Memorial, it took on a broader meaning than just the Vietnam War.

Richard L. Chalfant

Plant Manager

General Foods USA

Dover, DE 19901

April 10, 1989

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RICHARD L. CHALFANT

Graduated from Indiana University in 1961 with a B.S. in Marketing.

Wife, Judith (A.B. 1963 Indiana University); married 26 years.

Daughter, Dorothy. Indiana University Senior and
Son, David, Freshman at Dover High School.

Army Artillery Officer from 1961 - 1963 (active duty) - 3rd Howitzer Battalion, 6th Artillery.

Graduated from University of Missouri in 1965 with a M.S. in Management and Finance.

24 years with General Foods Corporation in manufacturing capacities in five different locations.

Currently Plant Manager of the General Foods USA, Dover, Delaware Plant.

Was Co-chairman for the Lt. Governor's High Tech Task Force for the State of Delaware in 1986 - 87 to examine the food industry in Delaware and to make recommendations to help position the food industry in the state for the 90's.

GENERAL FOODS USA

DOVER PLANT

FACT SHEET

In 1964, Dover was consolidated from four GF plants:
(Dorchester, MA, Orange, MA, LeRoy, NY, Hoboken, NJ)

121 acre site with 26 acres under roof.

Cogeneration facility occupies a 14 acre site.

Employees approximately 1100 people.

Payroll is approximately $30 million.

Two Unions:

- United Food & Commercial Workers Union Local 56
  President: Leo Cinaglia

- Brotherhood of Teamsters Local 355
  President: John Sullivan.

Approximately:

55 packaging lines
450 finished goods
800 raw materials
1100 packaging materials

Shipments (daily):

- Inbound
  5 rail, 25 trucks
- Outbound
  30 trucks -- shipped to majority of distribution centers daily, remainder every other day.
  Direct Plant Shipments to Customers -- 1 - 2 per day.

Major Brands:

Jell-O (Gelatin, Pudding, Cheesecake, Cream Pies), Stove Top Stuffing Mix, Baker's (Coconut, Chocolate), Minute Rice, Minute Tapioca, Dream Whip

The consolidation of the Lafayette plant with the Dover facility in 1989 will add approximately 140 hourly employees to the Dover work force.

The CHAIRMAN. Thank you very much. I have questions, but I will come back to those in a moment.

Stephanie, welcome.

STATEMENT OF MS. COLLICK

Ms. COLLICK. Thank you.

The CHAIRMAN. What year are you in school?

Ms. COLLICK. Senior.

The CHAIRMAN. When I was a senior, the idea of speaking before a whole bunch of people like this was not only beyond my comprehension, but beyond my ability. I compliment you on being willing to come. Do you have anything you would like to say?

Ms. COLLICK. I do not have a prepared statement, but I will answer any questions that you have to the best of my ability.

The CHAIRMAN. OK. I will come back to that in a moment.

Mr. Russell.

STATEMENT OF MR. RUSSELL

Mr. RUSSELL. I do have a prepared statement.

The CHAIRMAN. Please. Why don't you turn that microphone in your direction, if you can?

Mr. RUSSELL. I have been a counselor for 10 years, and I have watched the drug problem skyrocket in the last 3 years. The major contributor has been cocaine, especially crack cocaine. Because we live in a rural area, the State bureaucracy has been slow to recognize that a serious problem with cocaine was developing. Only when crack use reached epidemic proportions and the newspapers were filled with stories related to crack was the problem recognized. However, as far as treatment is concerned, that is all that has happened. We have heard more rhetoric than we have had action. All treatment facilities in this State have large waiting lists for people to enter counseling. Our funding for treatment is equivalent to buying band-aids to stop a hemorrhage.

It is going to take Federal and State cooperation to help contain drug abuse. The State has to pay its fair share for treatment, especially when the State enjoys a surplus of money. We need to examine who is getting hooked on drugs and target high-risk kids to effectively implement a prevention program. We cannot waste money like we did last year by allowing schools to spend Federal money on their own prevention programs without establishing stronger guidelines. Frankly, most of the schools wasted the money because they did not know enough about substance abuse to use the money effectively.

From my experience, most of the people addicted to drugs come from families who have a history of alcoholism and drug abuse. They often grow up saying they will not be like their father or mother, but they are. Only the drug of choice differs.

We need to develop student assistance programs that employ professional substance abuse counselors to counsel students and their families. Teachers have to be taught to identify children at risk to be effective in prevention.

We are a promiscuous society when it comes to drugs. We are constantly bombarded with beer and wine commercials that are pure fantasy while alcoholism is our major drug problem. The commercials tell us to take pills to stay alert, pills to relax, and people are doing so. But the payoff is that people are more willing to try stronger drugs.

Most alcoholics today are multidrug users. They use cocaine, amphetamines, pot, and many other drugs. Crack addicts also use alcohol and other drugs to try to stabilize their moods. We cannot attack one drug without attacking all drugs.

As law enforcement is increased, then treatment needs to be increased to help those people who will return to society from our criminal justice system. If those who are in jail get out of jail without treatment, they most likely will return to drugs. I believe treatment is primary prevention since we try to see the whole family, not just the substance abuser.

Turnabout Counseling Center has 169 people on a waiting list for treatment. Many of them will return to drug use or commit crimes before we see them, which could take up to 4 months. We cannot expect to make a dent in the drug abuse the way we are currently mishandling the problem. The bottom line is we need more help than we are getting now.

Thank you.

[The prepared statement of Mr. Russell follows:]

My name is Paul Russoli. I am the program coordinator for Turnabout Counseling Center's drug and alcohol program in Sussex County.

I have been a counselor for ten years and I have watched the drug problem skyrocket in the last three years. The major contributor has been cocaine especially crack cocaine. Since we are in a rural area the state buracracy was slow to recognise that a serious problem was developing. Only when crack reached epidemic proportions and the newspapers were filled with stories related to crack was the problem recognised. However, as far as treatment is concerned that is all that has happened. We have heard more rhetoric than have had action. All treatment facilities in this state have large waiting lists for people to enter counseling. Our funding for treatment is equivalent to buying bandaides to stop a hemmorage.

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Most alcoholics today are multi-drug users. They use cocaine, amphetemines, pot, and many other drugs. Crack addicts also use alcohol to help stabilize their moods. We cannot attack one drug without attacking all drugs.

If law inforcement is increased then treatment needs to be increased to help those people who will return to society from our criminal justice system. If those who are in jail get out of jail without treatment they most likely will return to drugs. I believe treatment is primary treatmentt especially when we are able to see the whole family not just the substance abuser.

The bottom line is we need more help then we are getting now. Turnbout counseling center has one hundred sixty nine people on a waiting list for treatment. Many of them will return to drug use or committ crimes before we can see them which could take up to four months. We cannot expect to make a dent in the problem the way we are currently mishandling the problem.

Thank you

The CHAIRMAN. Thank you very much.

Let me start with you, Mr. Russell. You obviously are critical of the existing system. Tell me a little bit more about your specific program.

Mr. RUSSELL. Turnabout Counseling Center has the State contract to provide counseling to drug and alcohol clients for Sussex County.

The CHAIRMAN. Now, how do you get those clients?

Mr. RUSSELL. We get them from various sources. One is self-referral. We get them from spouses and children of alcoholics or drug-addicted people. We get a lot from probation, parole, prisons, work release, so we get them from everywhere, basically, and a few from schools.

The CHAIRMAN. Now, what kind of volume do you get referred to you? In a year or in a month, how many individuals do you have on your docket?

Mr. RUSSELL. We had 118 people active last month. That is the ones we actually get through the evaluation process into treatment. We see probably half as many, we either refer them to another program, if we can, or they just drop out.

The CHAIRMAN. Now, what programs are there to refer them to? You refer them to the programs that they can pay for?

Mr. RUSSELL. If they have insurance, they can get treatment. If they do not have insurance, they most likely will not get it, except in the alcohol program at Recovery Center of Delaware. The drug program, entering treatment is like winning the lottery. You would love to get treatment.

The CHAIRMAN. Now, what proportion of the people that are referred to you, either through the court system or by their own initiative, are people who do not have insurance, private insurance?

Mr. RUSSELL. Probably 98 percent of them.

The CHAIRMAN. Are you the only operation in Sussex County?

Mr. RUSSELL. Yes. There are a couple of counselors around that do private work, but we are it.

The CHAIRMAN. In private terms, is that cost?

Mr. RUSSELL. That is right. We are the only State-funded program.

The CHAIRMAN. And how big is your budget?

Mr. RUSSELL. We are approximately $120,000 a year now.

The CHAIRMAN. And how many people do you have in your employ that are other than clerical?

Mr. RUSSELL. We have, counting myself, three full-time counselors, and we have nine part-time counselors because that is all our budget can afford.

The CHAIRMAN. And are these, quote, "professionals" in the sense that they have been trained in this area?

Mr. RUSSELL. Yes. As a matter of fact, we do a lot of the training ourselves, and we have to work for certification.

The CHAIRMAN. Are there enough trained people now in the State of Delaware that you could bring on and that Delaware could have access to if you had the budget?

Mr. RUSSELL. Yes.

The **Chairman**. Where will you get them? From the medical community, from the university community? What constitutes a trained drug counselor or alcohol counselor?

Mr. **Russell**. We have them coming from several ways. One is that we have recovering people who have gone to college or have been into other treatment programs that have done counseling somewhere else. We have got about half recovering people and half who receive their training through colleagues. We have some people who have been in social services somewhere. Most of our counselors are children of alcoholics.

The **Chairman**. So they are not necessarily people who have gone through 4, 6, 7, or 8 years of formal training to become counselors? That is, people who have gotten a college degree and then an advanced degree in the area which universities offer? They do not fall in that category, correct?

Mr. **Russell**. The requirement that we have, you have to have at least an associate degree, and we do a lot of on-the-job training. It also depends on the person's experience. We have had, for example, a counselor that came to us and had previously worked in the Hudson Center in Salisbury. We get other people who are retired that they have a master's degree in social work, or whatever, and they want to keep their hand in. So we hire them as part-time. So staff come from a variety of sources.

The **Chairman**. What kind of treatment program do the State prison systems have in place if you are familiar with it?

Mr. **Russell**. We basically do most of the counseling there. We hold one group——

The **Chairman**. In the Sussex Prison?

Mr. **Russell**. Right. We hold one group inside the prison walls and one group with work release, and that is all we can afford to work with.

The **Chairman**. The statistics indicate that up to 80 percent of the people in the Delaware State correction system—I am not just talking about Sussex now—are drug and/or alcohol abusers. Is that a realistic assessment?

Mr. **Russell**. Yes. That might even be low.

The **Chairman**. There are some formal studies that have been done in other institutions, in other States, which, in fact have indicated 80 percent is a little low; that the figure is higher in some systems. What is the total prison population, roughly, in Sussex?

Mr. **Russell**. It is over a thousand, I think. I am not quite sure. It is somewhere around there.

The **Chairman**. And you only have one program available within the prison, inside the prison walls?

Mr. **Russell**. Right. We have been asked to do more groups, but we just cannot. We do not have the manpower.

The **Chairman**. You indicated crack has reached epidemic proportions. Has it reached epidemic proportions based on the referrals you get?

Mr. **Russell**. Around here it has. When I first entered the field, we were seeing for drug abuse about 10 percent—10 to 20 percent of our total clients would be drug addicted somehow. It is now over one-third, and the majority—cocaine is our second problem. It used to be pot would be running number two, but it is down to third now.

The CHAIRMAN. You do not do any in-care patient treatment?

Mr. RUSSELL. No.

The CHAIRMAN. How many of your clients do you think need in-care treatment facilities, so-called beds?

Mr. RUSSELL. It could be easily tripled, at least that. One of the things that could happen also is that we do run the SENTAC program, which is basically a very intensive outpatient program where we are seeing a client—instead of putting them in jail, we see them for 7 hours a week for counseling. That has been working. It has been shown that if we can keep them in counseling, usually we can keep them from relapsing. They have less of a chance of relapsing. So there are alternatives to jail for some people. Also, when they do go to jail, they need to be seen somehow.

The CHAIRMAN. Stephanie, you have heard all this stuff about how bad this problem is and its epidemic proportions. And, you know, you have a lot of adults and old men like me sitting up here saying this is real bad, and we have got to do something. You hear the rest of the folks talk about it. You are right there. Do you think it is as bad as it sounded like this morning? Just in your own personal experience, in terms of school, where you go, people you know, things you see? What do your friends talk about? Do they talk about this as a real bad problem, or are we just exaggerating?

Ms. COLLICK. I would not say it was that bad at Cape, but I know people from other school districts and the county, and I would say it would be worse in other ones—like Seaford, for example—than it is at Cape.

The CHAIRMAN. Anybody ever offer you drugs?

Ms. COLLICK. No.

The CHAIRMAN. Did you know what crack was before you came into this hearing this morning?

Ms. COLLICK. Yes.

The CHAIRMAN. How did you know about it? I know you do not use drugs, honey. I am not suggesting that at all. That is not what I am getting at. But how did you know about?

Ms. COLLICK. I think it is pretty much common knowledge among school kids, high school ones, at least.

The CHAIRMAN. Do you think if you wanted to go out and try it, do you think you would have any problem going out and figuring out where to get it?

Ms. COLLICK. No.

The CHAIRMAN. You would know who to ask where to get it, or you would know——

Ms. COLLICK. Yes.

The CHAIRMAN. So there are some folks out there that are pretty well known among you and your friends who you could go to, either because you think they use it or you know they use it or you know they know someone who uses it? You would know where to go? Is that how you would find out?

Ms. COLLICK. I know people that sell it, and they do not hide it.

The CHAIRMAN. I see. So although they do not try to sell it to you because they know you will not take it, they are pretty brazen about it? They are not skulking off in a corner and denying it?

Ms. Collick. No.

The Chairman. Do you worry about—I do not want to put words in your mouth. How does the drug problem affect you? I mean, is it something that is just out there but it does not bother you, does not affect you, and you just move on? Or is it something—how do you think about it as a school kid?

Ms. Collick. I would not say I was directly affected by it. I know people that are either related or friends with people that do it, do drugs or sell drugs, and that person's friend or that friend of mine is affected by it. So it is kind of indirect, not really directly.

The Chairman. Are there places you avoid or certain parties or functions that you avoid because you know that it is going to be there or that you might find yourself in a position where some screwball is going to come in and do something violent? Does it affect you in that way at all?

Ms. Collick. The friends I hang with do not do drugs, though. I have never been faced with that, really.

The Chairman. But do you not go to parties that are not just your immediate friends? I mean, does not the word kind of get out that there is a party at so-and-so's place and more than one group of high school students show up at that party?

Ms. Collick. Yes, but you have the choice of either doing it, submitting to the pressure, or not doing it. So you make your own choices.

The Chairman. Do you see drugs being used in the school at all? Have you ever seen anybody in the school do drugs in the ladies' room or anything like that?

Ms. Collick. No, but I have heard that people have done it in school, right in the classroom.

The Chairman. What do you think we should do to students who in the school or in the schoolyard or on the school campus are caught using drugs?

Ms. Collick. This year, at our school they had two people with possession; and I have not seen them since, so I guess they got kicked out of school. But I do not think that would be the thing to do because, if they want to be high or drunk or whatever all the time, then kicking them out of school is giving them more time to do it. That is like 7 hours a day more that they can be high. So I think they should have like more counseling and things.

In our school, we have a lot of—like a couple weeks ago we had doctors and State policemen and things like that come in and talk to us. But if you want help, you will receive it. If you do not want it, you will not listen to them.

The Chairman. Well, they came in and talked to you. Now, you have got to be honest with me. I have got two kids your age. When they come in and talk to you and you get these doctors, or folks like me, or State police coming in, and you know you have got to go to the assembly or you have got to go to the health class, and that person gets up there, does it make any difference, really? Do you think most of your classmates sit there and think anything about it, or do they kind of say, "Here we go again?"

Ms. Collick. It is more like here we go again. I think if they had more people that were recovering, you know, drug addicts instead of people getting up there with statistics, that they would have a better turnout. We had one where it was optional. You could make the choice whether you wanted to go to the seminar or not. I think it was half and half. But if it were somebody that really was in with drugs and everything like that, I think more people would have went to it.

The **CHAIRMAN**. What do you think would happen if they passed out your school booklets on drugs, you know, about the dangers of drugs? Would that have any impact?

Ms. **COLLICK**. Most people would throw it away.

The **CHAIRMAN**. About drugs, telling you the dangers of drugs and what happens when you use them, do kids read those things?

Ms. **COLLICK**. Most of them would probably throw them away.

The **CHAIRMAN**. You are right.

If I can, Mr. Chalfant, ask you: When you get together with your chamber of commerce colleagues, is this something to talk about?

Mr. **CHALFANT**. I personally do not belong to the chamber of commerce. But the things I kind of enjoy are some of the things that I outlined earlier, such as involvement on a hands-on basis in places like Liberty Court and Kirkwood Street.

The **CHAIRMAN**. Are there any other businesses or businessmen you know in the Dover area that do get involved, that think the drug problem maybe also needs some help from the business community as well?

Mr. **CHALFANT**. I cannot answer that on a firsthand basis. I would be inclined to think so. I think if business is not concerned about this problem, they are pretty naive.

I think that when you look at the decline to some degree of the manufacturing base in this country, I think it has something to do with things like drugs and some of our other social problems. It is definitely affecting industry.

The **CHAIRMAN**. Do you worry about it from a safety standpoint? Going through your plant, I know you all are extremely conscious of safety, you know, everything from hard hats to ear plugs to yellow lines to crosswalks, et cetera. Is it something that you all worry about?

Mr. **CHALFANT**. Sure, you have to be concerned about it. We do not test regular employees for drugs. I will give you one example, though. About a year or so ago, we were hiring rather extensively, and we do test at that point, and over 40 percent of the people that were applying for jobs tested positive to one form of drug or another.

The **CHAIRMAN**. Forty percent?

Mr. **CHALFANT**. That was a rather alarming number to me.

The **CHAIRMAN**. Wow.

Reverend Dixon, there is a phrase that became sort of popular in Washington that some of us in the Congress and some in the press used, and I guess it became really famous during the Nixon impeachment days. It was called "plausible deniability." That is, if you do not see it, if you do not acknowledge it, if you did not do it firsthand, then you deny it. You can say although you should know it is going on, you can say "But they never told me. I did not see it firsthand; therefore, I can deny it exists."

With regard to the citizens and your parishioners, the people that you deal with all the time, how many of the folks in your neighborhood, in your church, believe that the drug problem is one that is real for them and one that can affect them and their families? Or do a lot of them engage in plausible deniability, saying, ah, it will not happen to me, it does not happen in my family?

Reverend **Dixon**. Well, I wish I could say a hundred percent know that the problem is there and are willing to work with anything that might be presented to try to eliminate the problem. In fact, it goes further than just my particular congregation. Come this week, Thursday, well, beginning Wednesday, and Thursday, Friday, Saturday, Sunday, the Delaware Conference of the A.M.E. Church will be in session, and we will be addressing that problem there. In fact, our bishop encouraged all of us, from the pastors on down to every parishioner in the church, to get involved because, as I said before, this is just not a one-person problem. It is everybody's problem, whether you have children or whether you do not have children.

My personal feeling is that everybody that can ought to be involved, trying to help to liquidate the problem. I do not know if that is the answer to what you wanted or not.

The **Chairman**. No, that is an answer. I think one of the biggest problems we have—now, I am not gathering information; I am imparting a personal view, which is not the purpose of the hearing. But I think one of the biggest problems we all have, particularly we parents, is sort of plausible deniability. We start off and say, "That will never happen to our child," and we do not know enough to know what to look for when it is happening.

As I said in another hearing, I think most parents—maybe I am wrong, but I think most parents in this State, most parents in this room, if they walked into their daughter's room or son's room and saw on their dressing table or on the end table next to their bed a tightly rolled up $20 bill and a mirror, they would wonder why in the devil they were rolling up that $20 bill, rather than anybody who knows anything about drugs would immediately know that that meant their child was snorting coke. There is no other explanation why anybody rolls up tightly those little $20 bills and has mirrors that sit there.

There are a thousand other examples, and I think most of us do not know. I do not exclude myself from that, either. So part of the problem, I think, is not just educating our children about not using drugs, but educating our parents about what to look for in terms of when drugs are being used.

Let me go back and ask one last question, if I may, at this point. I would like to ask it of you, Ms. Batson.

How much was it costing you a day when you were doing those? What kind of financial burden was it on you?

Ms. **Batson**. Most of the time it did not cost me anything because the people that I was involved with was getting it for me. But when I was purchasing, it would take my whole paycheck, a week's worth, so that would be about close to $170, $180 a week.

The **Chairman**. That is a lot of money, is it not?

All right. Would anyone like to make a closing statement? I do have some questions I will submit to you, not more than one or two each. But in the interest of your time and the time of the remaining panel, I will refrain from asking them. I want to thank you all:

Margie, for you coming and sharing your experiences with us; Reverend, for what you are doing in the area; Dick, for all you are doing in the Dover area.

I am being corrected by staff here. He told me I said when I introduced Cape Henlopen I said "Mr. Friedrich." If I said that, I truly apologize, Mr. Frederick. And if that is what I said, you can call me "Bidden" for the rest of the day. [Laughter.]

I am sorry. That is one sharp staff member.

At any rate, I want to thank you very much, Stephanie, for taking the time to come. I know you probably thought about it twice, wondering whether when you got back there if your friends are going to say, "What are you going up there telling them about the problem," and so on. But it is very useful.

Mr. Russell, I not only thank you, I want to talk to you personally more about where we go from there.

Mr. **Russell**. There was one statement you made earlier about the addiction with cocaine being more behavior modification, or something to that effect. A lot of the new research that is coming out, there is a physical dependence.

The **Chairman**. I was speaking specifically of crack.

Mr. **Russell**. OK. But it is a brain addiction. It is not in the classic sense like the old concept of addiction, but it still is physically addictive because of the way the pathways of the brain are structured and the way cocaine acts on that. The withdrawal is a different type, but it still is a physical addiction. See "Pharmalert" Volume 17, No. 1, 1987, Student Committee on Drug Abuse Education, University of Maryland School of Pharmacy.

The **Chairman**. Well, I am glad to hear you say that. Our source was a research facility, an individual at Harvard University on this issue. But that should teach any Delaware graduate to rely on Harvard. [Laughter.]

But I thank you very much. Thank you all for your testimony.

We will now take a 10-minute break until 2:30, and then we will have our last but very important panel, made up of principals and teachers from a number of schools in the region.

[Recess.]

The **Chairman**. The hearing will come to order.

Our next panel is indeed a distinguished panel and I appreciate their willingness to participate on what turned out to be relatively short notice. My wife is a full-time school teacher in the public school system, at Claymont High School, about as far away from here as you can get and still be in the State of Delaware. And I understand that there is never any time in the public schools to be able to move out or away from the school with impunity. So, I appreciate you taking the time to be here.

Let me call the panel forward, if they would, please. Mr. Greg Wood, a teacher at Delmar High School; Mr. Richard Trice, the principal of Epworth Christian Academy; Mr. Larry Harrison, the vice-principal of Laurel High School; and I hope I pronounce it correctly, Mr. Robert Rescigno—is that correct?

Mr. **Rescigno**. Rescigno.

The **Chairman**. Rescigno—I got it right, OK. And Mr. William McGlumphy, assistant principal at—did I pronounce that correctly?

Mr. **McGlumphy**. McGlumphy, sir.

The **Chairman**. McGlumphy. That is what I thought. You are fired, Scott. [Laughter.]

He says it is only the third time I have fired him this morning. [Laughter.]

Actually if he left, I would be in deep, deep trouble.

But at any rate, I truly appreciate your being here. It is important because in a speech relating to law enforcement some 5 years ago in New Orleans, then-President Reagan coined a phrase that was a valuable one—a very descriptive one. He referred to the police in attendance as the "thin blue line between civilization and chaos."

Well, I would suggest, if I may play on that reference—and I am very careful to give attribution to everybody these days—[Laughter.]

I would suggest that you all are, in fact, the "line between civilization and chaos," not just as it relates to drugs, but in so many other things that have been heaped upon the school system to solve that school systems were never designed to solve or to deal with. Yet, they end up on your doorstep, not the least of which is this problem.

I welcome you and am anxious to hear what you have to say. I suggest that we begin in the order of the names that I called. Before we begin, I must tell you, Mr. Wood, that I would have been one of those folks that you would have really questioned, if you do not already, whether or not he should be in the U.S. Senate.

The first time I actively campaigned door to door in Sussex County was in the end of 1971, early 1972, if I am not mistaken—no, 1972. And I started in Delmar. I started down the street, knocking on the doors, and people were very, very nice to me.

They would look at me and I would say, "My name is Joe Biden. I am a Democratic candidate for U.S. Senate. I sure wish you would consider me." And they would politely look and say, "Well, OK." I thought that in addition to my opponent having strong support down here, that it was stronger than I had thought it was, because they were being so polite.

Finally, I got to the 56th house on that side of the street and a very—not taciturn, but less commodious person answered the door. I said the same thing and the fellow looked at me and he said, and I quote, "I sure as hell would, son, if you were running in Maryland." I had been literally, literally—not figuratively—campaigning on the wrong side of the street. I was campaigning in Maryland and I did not even know it. [Laughter.]

I thought that was an inauspicious start for my senatorial campaign.

With that, though, let's begin with you, Mr. Wood, and if you have an opening statement, I welcome it.

STATEMENT OF A PANEL CONSISTING OF GREG WOOD, TEACHER, DELMAR HIGH SCHOOL; RICHARD TRICE, PRINCIPAL, EPWORTH CHRISTIAN ACADEMY; LARRY HARRISON, VICE PRINCIPAL, LAUREL HIGH SCHOOL; ROBERT RESCIGNO, PRINCIPAL, MILFORD HIGH SCHOOL; AND WILLIAM McGLUMPHY, ASSISTANT PRINCIPAL, SEAFORD HIGH SCHOOL

Mr. Wood. Thank you, Senator. You do have to know which side of the street you are on when you are in our small town. I am also glad to see you are doing better and glad that you can get through a day like this, as depressing as this news has been. I have been here since 10.

But I did not come here to blow my own horn, so you have my statement. There are a few things toward the end that I would like to read into the record, but as far as the background material, you have that and I do not have any——

The Chairman. Why don't you tell us a little bit about the background?

Mr. Wood. OK. I have been asked by my employer, the Delmar School District, to appear on this panel. First of all, let me say that the opinions that I present here are my own, based on my own observations. These opinions do not necessarily reflect the views of the Delmar district or my colleagues. We did not have time to get together and agree on anything. So, I will take the blame if anything hits the fan here.

Before making any statement about my views concerning drug use, I am also going to include alcohol in that and just use the generic term, I will provide you with some background information to enable you to judge the credibility of my opinions.

I have taught English, sociology, and speech in the Delmar district for nearly 10 years. I have coached wrestling for 9 years, have coached football for 9 years, and have coached softball for 4 years. In addition to my classroom and coaching duties, I have been a drug and alcohol information coordinator and counselor off and on for about 8 years.

Prior to my service in the Delmar district, I was self-employed as a general contractor. Prior to that, I taught and coached in another district. About 8 years ago, a sociology class that I was teaching did a survey of our grades 7 through 12, to determine our students' drug use.

We discovered that our findings nearly matched a similar survey done in another district by the News Journal. A few of us determined that we were far behind in respect to our policies dealing with drug use and abuse. Another teacher and I approached our school board with the figures and I was asked to form and chair a committee of students, parents, and educators.

The committee's goal was to develop and recommend a comprehensive policy regarding drug use in our school district. I am pleased to say that with the help of Mr. Sam Walker, Wicomico County's coordinator, we were able to establish a working group of approximately 25 interested community members.

Our district and local service organizations provided funds for Ms. Mary Lee Smith, our elementary school nurse; Ms. Janice Holloway, our senior high nurse; and made them attend an intense week of drug and alcohol awareness training at Washington College.

In addition to that week, Ms. Holloway and I have attended numerous in-service sessions provided by the Department of Instruction here in Delaware. We have also attended numerous other workshops which were presented by other private and public organizations. Many positive policies and experiences came from our committee, and the district soon had a strong policy that was clearly a community effort.

I suppose that my testimony is valid because I come in contact with 215 students per day. Some I see for 15 minutes; some for nearly an hour; and some for as long as 2 hours. I feel that I have an excellent rapport with my students and athletes. They do share some amazing philosophies with me.

I have had the unfortunate experience of turning in students and players who have used or had drugs in their possession. I have also been the initial contact in counseling students who have broken our policies. I have counseled parents on how to cope with the frustrations of dealing with teenagers in this age. I am not sure how much I have helped, for it has been a complex issue.

All the above experience diminishes in the light of having lived through the trials of getting three sons through high school. My wife and I have not escaped the stress, fear, and frustration that go with getting Junior through school. We are certainly grayer, more wrinkled, and maybe a little wiser for the experience.

I can say that, of all my education, getting those boys out of high school has been the most challenging and interesting. In other words, I have not escaped. A lot of times, when you speak on these panels, it seems like you are the do-gooder down the block. Well, I am the guy that experienced it all.

From my daily trials of worry and involvement, I can offer the following observations regarding drug use and abuse in and around our teenage community.

No. 1, it is worse, not better than it was 10 years ago—worse than we probably or you think.

Schools seem to be ill-equipped to deal with the complex social and psychological problems of our teenagers.

No. 3, it seems to be getting worse.

Four, you can probably find more teenagers on Friday and Saturday night who have consumed drugs than those that you can find who have not.

In many communities, on every weekend, there is at least one party where illegal consumption occurs—this is rural communities. The age range at these parties will be from 13 years of age to 23 years of age.

Many parents have no idea how rampant illegal use is.

Some parents promote illegal consumption by having parties to "keep their kids off the road."

In rural areas, there are few drug-free activities planned for teenagers.

It is very easy to get any drug you want. Of course, some are easier to get than others.

Nearly all forms of drugs are used and used in strange combinations. Some drugs will gain and lose popularity, depending on availability and fashion.

No. 11, many teenagers feel that they have the right to engage in drug use.

Twelve, rock groups with antidrug messages, SADD groups, and other similar services seem to have little positive effect.

Thirteen, something I think we all need to remember is, kids take the drugs not because of peer pressure, but because drugs and alcohol make them feel better.

At this juncture of ideas, let me confess that some of my colleagues and associates feel that sometimes my personal value systems are somewhat off center. I will not confess to feeling apologetic for that, but only insert their observations as a point in honesty.

Of course, I do not often agree with my friends on this issue. To prove or disprove their opinion, let me offer some possible solutions to this insidious problem. They are not in any particular order, and I do hope that you can see the sense in some of them. Let me also enter a caveat here that I also understand that there is probably going to be some legal problems with these, but I am not a lawyer.

No. 1, ban all television commercials that deal with alcohol.

No. 2, raise the minimum driving age from 16 to 17. I guess all the kids are gone now. I do not hear any "boos" back there.

Require all students from elementary to high school to participate in after-school activities. If they are physically unfit to participate in sports or music or drama or service clubs or art, require them to serve as managers or statisticians.

No. 4, provide the disadvantaged teenager with jobs at his school, jobs which will enhance the image of the school.

No. 5, require all parents to chaperon at least two school events per year.

No. 6, have a school-based function every Friday and Saturday night of the school year.

No. 7, provide summer school and enrichment activities for all students who want those advantages.

No. 8, make our schools the focal points of our communities.

No. 9, contract with teachers and other trained individuals to take extracurricular duties; train them in abuse awareness; and pay them well for their time.

No. 10, require all sophomores, juniors, and seniors to have one academic quarter of use and abuse information. Make this a graduation requirement.

No. 11, require schools to fund student services teachers who would promote mental and physical wellness programs.

No. 12—and I do not know how you are going to do this—make parents and guardians more responsible for their children's actions.

No. 13, require a manners course be taught at K through 12 levels.

No. 14, allow the use of dog surveillance units to keep drugs out of the schools.

No. 15, establish immediate reward systems to enhance grades or through the granting of privileges to students who comply with our elevated standards.

No. 16, promote ways for private enterprise to participate in our recovery programs.

No. 17, heavily tax alcohol and funnel revenues back to the States for prevention and treatment programs.

No. 18, make every effort to remove any hypocrisy from our laws and from those who make the laws. Our teenagers are very worldly and they see hypocritical actions as excuses to use illegal substances.

No. 19, make an effort to find the real heroes in our society and glorify them. Our youngsters desperately need positive role models.

No. 20, restructure schools to eliminate the "bore factor." The plain truth is our schools are boring for many students. Structure schools for freedom of movement and increase student responsibilities, with an emphasis on research, experimentation, and creativity. Get our students out of the little rows and into the libraries and labs and onto the field of competition and cooperation.

I realize that you did not want me to talk until the tomatoes ripen, but I have spent a great deal of time and anguish on this topic, and I really appreciate the opportunity to come and share these thoughts with you and your committee.

[The statement of Mr. Wood follows:]

GREG WOOD
TEACHER
DELMAR JUNIOR-SENIOR HIGH SCHOOL

STATEMENT PREPARED FOR
SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

NOTES FOR SENATORIAL HEARING APRIL 10, 1989.

I have been asked by my employer, the Delmar School District, to appear on this panel. First of all let me say that the opinions that I present here are my own, based on my own obsevation. These opinions do not necessarily reflect the views of the Delmar District or of my colleagues there.

Before making any statement about my views concerning drug use (drug use includes alcohol use also), I will provide you with some background information to enable you to judge the credibility of my opinions. I have taught English, sociology, and speech in the Delmar District for nearly ten years. I coached wrestling for nine years, have coached football for nine years and have coached softball for four years. In addition to my classroom and coaching duties, I have been a drug and alcohol information coordinator and counselor off and on for about eight years. Prior to my service in the Delmar District, I was self-employed as a general contractor. Prior to that I taught and coached in another district.

About eight years ago, a sociology class that I was teaching did a survey of our grades 7-12 to determine our students' drug use. When we discovered that our findings nearly matched a similar survey done in other districts by The News Journal, a few of us determined that we were far behind in respect to our policies dealing with drug use and abuse.

Another teacher and I approached our school board with the figures, and I was asked to form and chair a committee of students, parents,and educators. The committee's goal was to develop and recommend a comprehensive policy regarding drug use in our school district. I am pleased to say that, with the help of Mr. Sam Walker, Wicomico County's coordinator, we were able to establish a working group of approximately twenty-five interested community members. Our district and local service organizations provided funds for Ms. Mary Lee Smith, elementary school nurse, Ms. Janet Holloway, junior-senior high nurse, and me to attend an intense week of drug and alcohol awareness training at Washington College. In addition to that week, Ms. Holloway and I have atttended numerous inservice sessisions provided by the Department of Insructiion. We also attended numerous other workshops which were presented by other private and public organizations. Many positive policies and experiences came from our committee, and the district soon had a strong policy that was clearly a community effort.

I suppose that my testimony is valid because I come in contact with over 215 students per day. Some I see for fifteen minutes, some for nearly an hour, and some for as long as two hours. I feel that I have an excellent rapport with my students and athletes. They do share some amazing philosophies with me. I have had the unfortunate experience of turning in students and players who used or had drugs in their possession. I have also been the initial contact in counseling students who broke our policies. I have counseled parents on how to cope with the frustrations of dealing with teenagers in this age. I am not sure how much I have helped ,for it is a complex issue.

All the above experience diminishes in the light of having lived through the trials of getting three sons through high school. My wife and I have not escaped the stress, fear, and frustration that go with getting junior through school. We are grayer, more wrinkled, and maybe a little wiser for the experience. I can say that, of all my education, getting those boys out of high school has been the most challenging and interesting. From my daily trials of worry and involvement, I can offer the following observations regarding drug use and abuse in and around our teenaged community:

1. It is worse not better. Worse than you think.
2. Schools seem to be ill-equipped to deal with the complex social and psychological problems of our teenagers.
3. It seems to be getting worse.
4. You can probably find more teenagers on Friday and Saturday night who have consumed drugs than those you can find who have not.
5. In many communities on every weekend there is at least one party where illegal consumption occurs. The age range at these parties will be be from thirteen to twenty-three.
6. Many parents have no idea how rampant illegal use is.
7. Some parents promote illegal consumption by having parties to keep the kids of the roads.
8. In rural areas there are few drug-free activities planned for teenagers.
9. It is very easy to get any drug you want. Of course some are easier to get than others.
10. Nearly all forms of drugs are used and used in strange combinations. Drugs take turns in terms OF popularity.
11. Many teenagers feel that they have the right to engage in drug use.
12. Rock groups with anti-drug messages, SADD groups, and other similar services seem to have little positive effect.
13. Kids take drugs because they make them feel good.

At this juncture of ideas, let me confess that some of my colleagues and associates feel that sometimes my personal value sytems are somewhat off-center. I will not confess to feeling apologetic for that but only insert their observation as a point in honesty. Of course I don't often agree with my friends on this issue. To prove or disprove their opinion, let me offer some possible solutions to this insidious problem. They are not in any particular order, and I do hope that you can see the sense in them:

1. Ban all television commercials that deal with alcohol.
2. Raise the minimum driving age from sixteen to seventeen.
3. Require all students from elementary to high school to participate in after school activities. If they are physically unfit to participate in sports or music or drama or art, require them to join service clubs or to serve as managers or statisticians.
4. Provide the disadvantaged teenager with jobs at his school, jobs which will enhance the school.
5. Require all parents to chaperone at least two school events per year.
6. Have a school-based function every Friday and Saturday night of the school year.
7. Provide summer school and enrichment activities for all students who want those advantages.
8. Make our schools the focal points of our communities.
9. Contract with teachers and other trained individuals to take extracurricular duties, train them in abuse awareness, and pay them well for their time.
10. Require all sophomores, juniors, and seniors to have one academic quarter of use and abuse information. Make this a graduation requirement.
11. Require schools to fund student-services teachers who would promote mental and physical wellness programs.
12. Make parents/guardians more responsible for their children's actions.
13. Require a manners course be taught at the K-12 levels.
14. Allow the use of dog surveillance units to keep drugs out of the schools.
15. Establish immediate reward systems through enhanced grades or through the granting of privileges to students who comply with our elevated standards.
16. Promote ways for private enterprise to participate in our recovery programs.

17. Heavily tax alcohol and funnel revenues back to the states for prevention and treatment programs.
18. Make every effort to remove any hypocrisy from our laws and from those who make the laws. Our teenagers are very worldly, and they see hypocritical actions as excuses to use illegal substances.
19. Make an effort to find the real heroes in our society and glorify them. Our youngsters desperately need positive role models.
20. Restructure schools to eliminate the bore factor. The plain truth is that our schools are boring for many students. Structure our schools for freedom of movement and increased student responsibilities. Put an emphasis on research, experimentation, and creativity. Get our students out of the little rows and into the libraries and labs and onto the fields of competition and cooperation.

I realize that you don't want me to talk until the tomatoes ripen, but I have spent a great deal of time and anguish on this topic. Thanks for the opportunity to relay some of my thoughts. I hope this testimony helps.

Respectfully submitted,

Greg Wood
Teacher/Coach
Delmar School District

The **Chairman**. I may ruin your credibility.

Mr. **Wood**. Go ahead.

The **Chairman**. But let me send you a copy of the speech that I delivered, when I was foolish enough to run for President, on this area. And you will find—and I am not accusing you of what I got accused of—that every single item you mentioned, saving two, are things that I think should be done within the school system.

Mr. **Wood**. It might be karma.

The **Chairman**. Pardon me?

Mr. **Wood**. It might be karma.

The **Chairman**. But the key one I want to point out, that I want your colleagues to understand as they think we have both taken leave of our senses—and I did not know that was your position when you were invited to be here—is that your sixth or seventh point here, which was train and pay extra. I am a big pay extra guy. I think salaries have to be increased drastically within the school system. But that is another question.

I not only did not think you wasted our time, I literally agree with everything you said. I should not tell you that at the outset, but I do.

Mr. **Wood**. Can I make one other comment?

The **Chairman**. Sure.

Mr. **Wood**. Arlene tells me not to worry about it. I cannot resist a couple editorial itches here. On page 1, paragraph 4, line 14, I misspelled "sessions" and "attended." I do not want to come off as an English teacher who cannot spell here today either.

The **Chairman**. I think that is an important point, because I can assure you, if you did not correct it, there is a possibility someone in the press or staff would correct it for you to make a point. I think an unfair point. I am one of those guys who think spelling is not all that important, thank God. [Laughter.]

I thank God for dictating machines. But I do not blame you for correcting it.

Mr. Trice, welcome, and please proceed.

STATEMENT OF MR. TRICE

Mr. **Trice**. Well, my colleague has amply stated many proposals with which I agree, as an educator, as a parent. Approximately 4 years ago, out of my little secluded, rural neighborhood, I discovered my neighbor producing and distributing illegal substances. And must say it was an awakening for me as I considered, at that time, my 9-year-old child playing over at his house.

The drug problem, I would speak specifically concerning Seaford, although I work in the Laurel area, I live in Seaford. Crack alley is quite an obvious situation to those who would casually drive through. The drug exchanges go on openly.

Education is always seen as an immediate answer to problems. If we can educate the masses, certainly the problem will not exist. Most of us sitting on this panel will attest to the fact that sex eduction became very crucial in our junior high years. However, they attempted to teach us how to avoid getting sick and/or getting caught. It did not seem to stem the tide for what was to follow. It was not the answer to sexual promiscuity.

Education is necessary. Our young people need to know the medical and social consequences of substance abuse, but education must be accompanied by stricter enforcement. The local and State police forces do an excellent job, but we need to expedite prosecution in the court systems.

If a repeated offender knows that he can plea his way out after a period of 6 months to a year, how does that stand up against the profits he makes in his business? An additional help—I heard it in an earlier session—to local enforcement agencies would be an increase in State and local funds.

Education and enforcement must go hand in hand. But our children in the school systems must be given a moral foundation in order to decide between right and wrong, as my colleague spoke about the responsibilities of parents. They need to see that the Government is actually for the people and will enforce the laws.

If we do not expand the war on drugs, illegal substance abuse in the schools, in the communities, we are destroying our society. We are destroying the children, our hope of our future.

Thank you.

[The statement of Mr. Trice follows:]

RICHARD B. TRICE
PRINCIPAL
EPWORTH CHRISTIAN SCHOOL
LAUREL, DELAWARE

STATEMENT PREPARED FOR
SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

Richard Trice - Epworth Christian School

The issue of substance abuse is not one peculiar to our day and time. Throughout the history of the world people have searched for means to escape the plaguing problems of the real world. We as educators and parents have reason to fear for our children's lives.

Drug related crime is on the increase. The National Institute on Drug Abuse has reported that cocaine-related deaths have risen from 470 in 1984 to 1582 in 1988, and that cocaine-related illnesses have risen from 7,155 in 1984 to 39,657 in 1988. While statistics always involve a margin of error, no one would question that there has been a marked increase.

Some would say, however, that the increase is only in the large metropolitan areas. Certainly we do not have a problem with drugs in Sussex County. If that were the case, why then is there a district in Seaford called Crack Alley?

Legalization of drugs has been suggested as a solution to the drug problems facing our generation. This is not a viable option, however. Increased moral decadence has never been the antidote for moral decay. Allow me to cite two examples. In the previous generation, divorce was not socially acceptable. Once divorce became an accepted fact, our society soon accepted the idea of living together. How much longer will it be before our society looks favorably upon polygamy? Secondly, once a society has decided that taking the life of an unborn child is of no consequence, how long will it take to rationalize terminating the lives of the elderly when they are deemed unproductive members of society?

What can we do? Education is one of society's immediate answers to any problem. If we can educate the masses, then the problem will not exist. Sex education, unfortunately, did not provide an answer to sexual promiscuity. It taught us how to avoid getting sick and/or getting caught.

Education is necessary. Our young people need to know the medical and social consequences of substance abuse. Education must be accompanied by stricter enforcement. The local and state police forces do an excellent job, but we need to expedite prosecution in the court system. If a repeated offender knows he can "plea" his way out after a delay of six months to a year, how does that stand up to the profits he makes in his drug business? An additional help to local enforcement agencies would be an increase in state and federal funds.

Education and enforcement must go hand in hand, but there is another essential element in the solution. Our children must have a moral foundation in order to decide between right and wrong. They need to see that the government is for the people. If the government does not continue to expand its war on drugs, even in Sussex County, we will be destroying our society. The hope of the future lies with the next generation.

The CHAIRMAN. Thank you, Mr. Harrison.

STATEMENT OF MR. HARRISON

Mr. HARRISON. Thank you, Senator.

Laurel Senior High School is located in western Sussex County, just off of Route 13, and our current enrollment is 485 students in grades nine through 12. The Laurel school district drug/alcohol policy specifies that a student in possession of a drug or a drug-like substance, under the influence of a drug or drug-like substance, or distributing a drug or a drug-like substance is in violation of the policy.

The district drug/alcohol policy requires that a student found in violation of the policy be suspended for up to 10 days, with police contact, and that such student attend counseling sessions as deemed appropriate by the school administration.

A student at the high school is also restricted from extracurricular activities for up to 90 school days and extreme or repetitive violations of this policy may result in board of education action for expulsion.

In the past 5 years, there have been several suspensions each year for violations of our drug/alcohol policy. The suspensions have generally been the result of association with marijuana, caffeine, pills, tablets, or other types of drug substances, including look-alike substances purchased in bulk through mail order catalogs.

Students under the influence of alcohol or in possession of alcohol have accounted for the remainder of suspensions over the past 5 years. There have been no suspensions or reported incidents of cocaine violations at Laurel High School in the past 5 years.

While there have been no specific reported incidence of cocaine-related violations, we recognize that cocaine and other hard drugs are available within the community, in the school environment as well.

Students who participate in drug distribution have become increasingly discreet and efficient in their activities and policing of the problem is increasingly difficult within the public schools. However, municipal police reports and State police reports indicate that there is a significant amount of drug activity in the communities served by our school.

Concerned students indicate to us that most drug substances are readily available with the right contact, either within the community or the school environment itself. While disciplinary action must be taken with students found in violation of the drug/alcohol policy, our school has undertaken numerous programs to deter the use of alcohol and drugs.

Our curriculum addresses the health factors relative to the misuse of drugs and alcohol. Students at the high school are exposed to instruction focusing on the health risks involved at each of the grade levels. There is continual reinforcement through the health, science and social studies programs at the high school level.

In addition to the curricula focus, we have instituted special programs, including assemblies, which focus on self-esteem and affects of peer pressure. These programs have been well-received by our students and we consider the programs beneficial as a deterrent to the drug movement, as students develop the self-esteem and confidence necessary to say no when tempted to engage in an activity that is both unhealthy and in violation of established policy.

We have several organizations that provide support for students as they attempt to cope with pressures that may lead to drug involvement. Our Peer Counseling Association is composed of 26 students and six staff advisors who went through extensive training to provide support for students that may be at risk for a variety of different reasons.

While this program is in its early stages, the results have been tremendous and expansion of this program and its services are being planned. Our Mentoring Program is a student support program that pairs teachers with at-risk students at the high school level. These teachers and students meet together informally at their convenience to establish relationships so that students feel that they have someone that they can talk with on a needed basis.

We also have an active chapter of the Yell Program, which is used to eliminate lost lives, which was formerly known as the SADD organization. Once again, these programs are effective in preventing or minimizing the use of drugs or alcohol as students learn that there are alternatives to pursuing a course directed by drugs and alcohol.

These support programs enable students to learn that they can make responsible, mature decisions and handle peer pressure without compromising themselves. As a high school administrator, I am deeply concerned about any use of drugs or alcohol, not only because of the violation of policy, but because these substances are so readily available and used without any thought relative to their destructive nature.

It is hoped that curricular programs in the early grades will eventually result in high school populations less prone to the use of drugs and alcohol. However, I recognize that we currently are faced with high school populations that turn to drugs and alcohol as a result of pressure, experimentation, or developed dependency on these destructive substances.

As educators, we must continually utilize all available resources to educate and inform students of the risks involved, provide supportive programs as described in this statement, and continue to police our buildings and deter the possession and distribution of harmful substances, as we attempt to make our schools as drug free as we possibly can.

The problem is more global and massive than any individual school or any administrator can handle alone. Therefore, any additional resources in support for this most important cause are vital to our efforts in the public schools. Our youth deserve no less than the opportunity to receive a quality education in a drug free environment, which must lead to a quality of life necessary for responsible citizenship in our communities, whether that be in a rural area such as ours, or in a metropolitan area anywhere in our country.

Thank you.

[The statement of Mr. Harrison follows:]

LARRY E. HARRISON
ASSISTANT PRINCIPAL
LAUREL SENIOR HIGH SCHOOL

STATEMENT PREPARED FOR SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

LAUREL SENIOR HIGH SCHOOL
Laurel School District
1133
SOUTH CENTRAL AVENUE
LAUREL, DELAWARE 19956-1491
302-875-7548

FRED V. GAINER
PRINCIPAL

LARRY E. HARRISON
ASSISTANT PRINCIPAL

STATEMENT FOR SENATE JUDICIARY COMMITTEE FIELD HEARING
DRUGS IN RURAL AMERICA
SUSSEX COUNTY

APRIL 10, 1989

STATEMENT PREPARED BY: LARRY E. HARRISON LEH
ASSISTANT PRINCIPAL
LAUREL SENIOR HIGH SCHOOL
LAUREL SCHOOL DISTRICT
LAUREL, DELAWARE

Laurel Senior High School has an approximate enrollment of 485 students in grades nine through twelve. The Laurel School District drug/alcohol policy specifies that a student in possession of a drug or drug-like substance, under the influence of a drug or drug-like substance, or distributing a drug or drug-like substance is in violation of the policy. The district drug/alcohol policy requires that a student found in violation of the policy be suspended up to ten days with police contact and that such student attend counseling sessions as deemed appropriate by the administration; a student at the high school is also restricted from extra-curricular activities for up to ninety school days. Extreme or repetitive violations of the policy may result in board of education action for expulsion.

In the past five years, there have been several suspensions each year for violations of our drug/alcohol policy. The suspensions have generally been a result of association with marijuana, caffeine pills or tablets, or other types of drug substances including look-alike substances purchased in bulk through mail-order catalogs. Students under-the-influence of alcohol or in possession of alcohol have accounted for the remainder of suspensions over the past five years. There have been no suspensions or reported incidents of cocaine violations at Laurel High School in the past five years.

While there have been no specific reported incidents of cocaine -related violations, we recognize that cocaine and other hard drugs are available within the community and the school environment as well. Students that participate in drug distribution have become increasingly discrete in their activities and policing of the problem is increasingly difficult. However, municipal police reports and state police reports indicate that there is a significant amount of drug activity in the community served by our school. Concerned students indicate that most drug substances are readily available with the right contact, either within the community or the school environment itself.

While disciplinary action must be taken with students found in violation of the drug/alcohol policy, our school has undertaken numerous programs to deter the use of alcohol and drugs. Our curriculum addresses the health factors relative to the misuse of drugs and alcohol; students at the high school are exposed to instruction focusing on the health risks involved at each of the grade levels. There is continual reinforcement through the health, science, and social studies programs at the high school level.

In addition to the curricular focus, we have instituted special programs, including assemblies, which focus on self-esteem and effects of peer pressure. These programs have been well-received by our students and we consider the programs beneficial as a deterent to the drug movement as students develop the self-esteem and confidence necessary to say "no" when tempted to engage in an activity that is both unhealthy and in violation of established policy.

We have several organizations that provide support for students as they attempt to cope with pressures that may lead to drug involvement. Our peer counseling associaton is composed of twenty-six students and six staff advisors who went through extensive training to provide support for students that may be "at risk" for a variety of reasons; while this program is in its early stages, the results have been tremendous and expansion of this program and its services are being planned. Our mentoring program is a student-support program that pairs teachers with "at risk" students at the high school; these teachers and students meet together informally at their convenience to establish relationships so that students feel that they have someone that they can talk with as needed. We also have an active chapter of the Yell (Youth to Eliminate Lost Lives) program, which was formerly known as SADD. Once again, these programs are effective in preventing or minimizing the use of drugs or alcohol as students learn that there are alternatives to pursuing a course directed by drugs and alcohol. These support programs enable students to learn that they can make responsible, mature decisions and handle peer pressure without compromising themselves.

As a high school administrator, I am deeply concerned about any use of drugs or alcohol, not only because of the violation of policy but because these substances are so readily available and used without any thought relative to their destructive nature. It is hoped that curricular programs in the early grades will eventually result in high school populations less proned to the use of drugs and alcohol. However, I recognize that we currently are faced with high school populations that turn to drugs and alcohol as a result of pressure, experimentation, or a developed dependency on these destructive substances. As educators, we must continually utilize all available resources to educate and inform students of the risks involved, provide supportive programs as described in this statement, and continue to police our buildings and deter the possession and distribution of harmful substances as we attempt to make our schools as drug- free as we possibly can. The problem is more global and massive than any individual school or administrator can handle alone; therefore, any additional resources and support for this most important cause are vital to our efforts in the public schools. Our youth deserve no less than the opportunity to receive a quality education in a drug-free environment which must lead to a quality of life necessary for responsible citizenship in our communities, whether in rural areas such as ours or in metropolitan areas anywhere in our country.

Larry E. Harrison

The CHAIRMAN. Thank you. Mr. Rescigno.

STATEMENT OF MR. RESCIGNO

Mr. RESCIGNO. I took an approach, Senator, where I took my role as a high school principal and how I thought that would relate to the drug problem.

Drug is a four letter word which is tearing apart our society, corrupting our young, and tearing into the fiber of American families. As a high school principal in Delaware, I see my role as threefold to combat this problem.

I am an educator of both students and staff, protector of my students and staff, and the enforcer of school board policy and State law. At Milford High School, we are controlling drugs because of the approach I have just stated. But we are not naive enough to believe that drugs do not exist in Kent and Sussex Counties. However, in our building, we strive to control them.

As an educator, our students are trained. beginning in elementary school and middle school, in drug awareness. The high school picks-up where our lower grades began, using the State health curriculum, "What Makes Me Tick", which is supplemented by a program called, "Here's to You 2000", which is a series of videotapes and supplemental worksheets, which is the basis, as I stated, for the younger students' program.

Our driver education courses, our local police come and talk to our students on the dangers of drugs and driving. Each year we have at least two assemblies on drugs and alcohol and making good choices. This year our faculty received training from the State Police on the history and identification of drugs in Delaware, in particular, crack cocaine. I see Sergeant Leighty made a presentation this morning. He is excellent.

We also, for the first time, had parents come in one evening in February and offered a session on drug abuse amongst the young. In my role as an educator, it is my duty to make aware my students, my faculty, and my parents. As the protector of my building, my assistant principals, disciplinary, and teachers and vigilant in the halls. Bathrooms are checked daily. Any strangers that have no business in the school are ushered out and warned that if they return, they will be arrested for trespassing.

This vigilance creates an atmosphere where people who do not belong learn quickly to stay away or face prosecution. As an enforcer, it is my duty to follow all district and State policies. Any student caught with any amount of drugs is suspended, arrested, and sent to the school board for a hearing for possible expulsion.

Any leads or rumors are tracked down and investigated. Where there is reasonable cause, student lockers and bags are searched in order to safeguard the student body. Our local police are excellent in responding if and when we need them. The school board has allowed us to use drug sniffing dogs to conduct locker searches.

Recently on April 5, we had a search done by the State Police with their drug sniffing dogs. No drugs were found, which made myself and the community of Milford extremely pleased and happy. But an example of teacher vigilance was shown.

Right after the P.A. announcement of what was going to happen and the procedure that we would follow, a boy was late getting to class. The teacher observed him at his locker removing a brown shaving bag. I questioned the teacher and discovered who the boy was. At that time, I dispatched the disciplinarian to the boy's class. A few minutes later, the boy and the disciplinarian arrived with the brown bag.

It turned out the boy had a bagful of snuff and chewing tobacco, which is also a violation of State policy, but I was very pleased that it was not drugs. But it showed the keen observation of one of my teachers. Fighting drugs is a team effort. You just cannot do it alone.

At Milford High School, drugs are under control, but I aware of the dealing that occurs outside of school, which is a problem we all have to cope with. Young people need to see that quick profit is not everything, that the business they are dealing in is dangerous and they can lose their lives.

I learned recently that when a youth turns 18, all past wrongdoing is forgiven. This is a crime in itself. A thug, drug dealer, or thief may start over again when he turns 18. This only gives an incentive to those under 18 to do as they please. This needs to be changed. Those under 18 should be dealt with severely when they are distributing or selling drugs.

If a known drug dealer is using people under the age of 18 to act as transporters, he should face stricter sanctions. We need to make drugs lose their appeal and portrayed as the disgusting detriment that they are to our society.

At Milford, we have dealt with drugs by strict penalties, awareness education, and through vigilance. This approach has kept it in control. Can we expand this to the areas outside of school is the question. I believe yes, with teamwork and the financial resources to go after not only the dealers, but also the users.

I thank you very much for this opportunity to express my feelings on drugs in Kent and Sussex Counties. Thank you.

[The statement of Mr. Rescigno follows:]

Robert Rescigno - Principal - Milford High School

DRUG IS A FOUR-LETTER WORD WHICH IS TEARING APART OUR SOCIETY, CORRUPTING OUR YOUNG, AND TEARING INTO THE FIBER OF AMERICAN FAMILIES. AS A HIGH SCHOOL PRINCIPAL IN DELAWARE, I SEE MY ROLE AS THREE-FOLD TO COMBAT THIS PROBLEM. I AM AN EDUCATOR OF BOTH STUDENTS AND STAFF, PROTECTOR OF MY STUDENTS AND STAFF AND THE ENFORCER OF SCHOOL BOARD POLICY AND STATE LAW. AT MILFORD HIGH SCHOOL WE ARE CONTROLING DRUGS BECAUSE OF THE APPROACH I HAVE JUST STATED. BUT, WE ARE NOT NAIVE ENOUGH TO BELIEVE THAT DRUGS DO NOT EXIST IN KENT AND SUSSEX COUNTIES; HOWEVER, IN OUR BUILDING WE STRIVE TO AND DO CONTROL THEM.

AS AN EDUCATOR, OUR STUDENTS ARE TRAINED BEGINNING IN ELEMENTARY SCHOOL AND MIDDLE SCHOOL IN DRUG AWARENESS. THE HIGH SCHOOL JUST PICKS UP WHERE OUR LOWER GRADES BEGAN, USING THE STATE HEALTH CURRICULUM, "WHAT MAKES ME TICK?" AND SUPPLEMENTED WITH A PROGRAM CALLED "HERE'S TO YOU 2000" WHICH IS A SERIES OF VIDEO TAPES AND SUPPLEMENTAL WORK SHEETS, WHICH IS THE BASIS FOR THE YOUNGER STUDENTS' PROGRAM. IN OUR DRIVER EDUCATION COURSES OUR LOCAL POLICE COME AND TALK TO OUR STUDENTS ON THE DANGERS OF DRUGS AND DRIVING. EACH YEAR WE HAVE AT LEAST TWO ASSEMBLIES ON DRUGS AND ALCOHOL AND MAKING GOOD CHOICES. THIS YEAR OUR FACULTY RECEIVED TRAINING FROM THE STATE POLICE ON THE HISTORY AND IDENTIFICATION OF DRUGS IN DELAWARE, IN PARTICULAR, CRACK COCAINE. WE ALSO FOR THE FIRST TIME HAD PARENTS COME IN ONE EVENING IN FEBRUARY AND OFFERED A SESSION ON DRUG ABUSE AMONGST THE YOUNG. IN MY ROLE AS EDUCATOR IT IS MY DUTY TO MAKE AWARE MY STUDENTS, MY FACULTY, AND MY PARENTS.

AS A PROTECTOR OF MY BUILDING, MY ASSISTANT PRINCIPALS, DISCIPLINARIAN, AND TEACHERS ARE VIGILANT IN THE HALLS. BATHROOMS ARE CHECKED DAILY. ANY STRANGERS THAT HAVE NO BUSINESS IN THE SCHOOL

ARE USHERED OUT AND WARNED THAT IF THEY RETURN THEY WILL BE ARRESTED FOR TRESPASSING. THIS VIGILANCE CREATES AN ATMOSPHERE WHERE PEOPLE WHO DO NOT BELONG LEARN QUICKLY TO STAY AWAY OR FACE PROSECUTION.

AS AN ENFORCER, IT IS MY DUTY TO FOLLOW ALL DISTRICT AND STATE POLICIES. ANY STUDENT CAUGHT WITH ANY AMOUNT OF DRUGS IS SUSPENDED, ARRESTED, AND SENT TO THE SCHOOL BOARD FOR A HEARING FOR POSSIBLE EXPULSION. ANY LEADS OR RUMORS ARE TRACKED DOWN AND INVESTIGATED. WHERE THERE IS REASONABLE CAUSE, STUDENT LOCKERS AND BAGS ARE SEARCHED IN ORDER TO SAFEGUARD THE STUDENT BODY. OUR LOCAL POLICE ARE EXCELLENT IN RESPONDING IF AND WHEN WE NEED THEM. THE SCHOOL BOARD HAS ALLOWED US TO USE DRUG-SNIFFING DOGS TO CONDUCT LOCKER SEARCHES. RECENTLY, ON APRIL 5TH WE HAD A SEARCH DONE BY THE STATE POLICE WITH THEIR DRUG-SNIFFING DOGS. NO DRUGS WERE FOUND WHICH MADE MYSELF AND THE COMMUNITY OF MILFORD EXTREMELY PLEASED AND HAPPY. BUT, AN EXAMPLE OF TEACHER VIGILANCE WAS SHOWN. RIGHT AFTER THE PUBLIC ADDRESS ANNOUNCEMENT WAS MADE, A BOY WAS LATE GETTING TO CLASS. A TEACHER OBSERVED HIM AT HIS LOCKER REMOVING A BROWN SHAVING BAG. I QUESTIONED THE TEACHER AND DISCOVERED WHO THE BOY WAS. AT THAT TIME I DISPATCHED THE DISCIPLINARIAN TO THE BOY'S CLASS. A FEW MINUTES LATER THE BOY AND DISCIPLINARIAN ARRIVED WITH THE BROWN BAG. IT TURNED OUT THE BOY HAD A BAG FULL OF SNUFF AND CHEWING TOBACCO. I WAS VERY PLEASED, BUT IT SHOWED THE KEEN OBSERVATION OF ONE OF MY TEACHERS. FIGHTING DRUGS IS A TEAM EFFORT.

AT MILFORD HIGH SCHOOL DRUGS ARE UNDER CONTROL, BUT I AM AWARE OF THE DEALING THAT OCCURS OUTSIDE OF SCHOOL, WHICH IS A PROBLEM WE ALL HAVE TO COPE WITH. YOUNG PEOPLE NEED TO SEE THAT QUICK PROFIT ISN'T EVERYTHING, THAT THE BUSINESS THEY ARE DEALING IN IS DANGEROUS AND THEY COULD LOSE THEIR LIVES.

I LEARNED RECENTLY THAT WHEN A YOUTH TURNS 18 ALL PAST WRONG DOING IS FORGIVEN. THIS IS A CRIME IN ITSELF. A THU~~Q~~G, DRUG DEALER, OR THIEF MAY START OVER AGAIN WHEN HE TURNS 18. THIS ONLY GIVES AN INCENTIVE TO THOSE UNDER 18 TO DO AS THEY PLEASE. THIS NEEDS TO BE CHANGED. THOSE UNDER 18 SHOULD BE DEALT WITH SEVERELY WHEN THEY ARE DISTRIBUTING OR SELLING DRUGS. IF A KNOWN DRUG DEALER IS USING PEOPLE UNDER 18 TO ACT AS TRANSPORTERS, HE SHOULD FACE STRICTER SANCTIONS. WE NEED TO MAKE DRUGS LOSE IT'S APPEAL AND PORTRAY IT AS THE DISGUSTING DETRIMENT IT IS TO OUR SOCIETY.

AT MILFORD WE HAVE DEALT WITH DRUGS BY STRICT PENALTIES, AWARENESS EDUCATION, AND TRUE VIGILANCE. THIS APPROACH HAS KEPT IT IN CONTROL. CAN WE EXPAND THIS TO THE AREAS OUTSIDE OF SCHOOL IS THE QUESTION. I BELIEVE YES, WITH TEAM WORK AND THE FINANCIAL RESOURCES TO GO AFTER NOT ONLY THE DEALERS, BUT ALSO THE USERS. I THANK YOU VERY MUCH FOR THIS OPPORTUNITY TO EXPRESS MY FEELINGS AND OPINIONS ON DRUGS IN KENT AND SUSSEX COUNTIES. THANK YOU.

The CHAIRMAN. Thank you. Mr. McGlumphy.

STATEMENT OF MR. McGLUMPHY

Mr. McGLUMPHY. Thank you, Senator.

Before I read my statement for the record, I would like to make it clear that this statement reflects a collaborative approach of the two other building administrators at Seaford High School also.

As administrators of Seaford High School, there is no indication that drug use or abuse is a major problem within the school day. Recently, we have worked with the Delaware State Police and Seaford Police in a drug dog search schoolwide of lockers and parking lot areas. On this day, March 23, this effort did not indicate the presence of any drugs within the lockers or parking lot area.

We do not feel that this indicates that there is no drug problem in Seaford, but this does support our belief that drug use and/or distribution inside the school was minimal. At the same time, we believe that our students are well-aware of the availability of drugs within the community and they are also well-aware of the potential effects that drugs could have on their well-being.

We also feel that drugs and alcohol use or abuse indirectly affects our students' lives, because of the closeness to the community, family, and friends. We feel that Seaford is representative of rural American schools. In an effort to assist the local districts nationally, more Federal programs and funding should be directed to specific local efforts, such as some of the following:

The funding of more Federal treatment programs in local school districts. Federal rewards for information leading to the arrest and conviction of drug dealers on school property. Federal crack-down on high risk drug areas within the town, such as the infamous Crack Alley in Seaford.

More antidrug message programs utilizing high profile models. We had a program involving David Toma 2 years ago that proved quite beneficial. And finally, Federal funding satellite programs focusing on abuse with potentially offering college credit to high school students.

Through Federal efforts and a greater funding for most of the above programs, as well as laws authorizing broader search and seizure to school administrators, perhaps drug abuse could be reduced within the high schools of America.

Senator, I would like to share two personal experiences, if you do not mind.

The CHAIRMAN. Please do.

Mr. McGLUMPHY. They are not in the statement, just to show some of the problems that we have had in Seaford. First of all, we are very lucky that the police station is 100 feet across the street from the high school. However, last year during the spring, there was a large crack-down, down in the vicinity of Crack Alley, and a few of our students unfortunately were picked up in that particular crack-down.

Two of the students were under age. They were picked up on a Friday afternoon and they were back in our school system on Monday. This created quite a problem for us, as building administrators, because of the number of phone calls that we received from the public. How could these kids be back in the schools when their names and so forth were published in the Sunday news?

Also, I had the personal experience of witnessing the return of approximately $425 to one of our students who was—it was seized over the weekend, but returned to him during the school day. And the money—there was an indication that the money was laced with cocaine. However, it was not proven that the youngster had cocaine in his possession, but merely that the money was laced with it.

So, when students know that they can make $400 or $500, whatever the amount of money it is, it is kind of difficult for the public school systems to turn around and say, little Johnny, you are an at-risk student, do you realize you should go to school so you can make $1,000 a month when some of the students have the availability of going a few blocks down the road and making that in 1 day.

[The prepared statement of Mr. McGlumphy follows:]

WILLIAM P. MCGLUMPHY
ASSISTANT PRINCIPAL
SEAFORD SENIOR HIGH SCHOOL

STATEMENT PREPARED FOR
SENATE JUDICIARY COMMITTEE HEARING

GEORGETOWN, DELAWARE

APRIL 10, 1989

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1. The funding of more federal treatment programs in local school districts.
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Through federal efforts, greater funding for most of the above programs, as well as laws authorizing broader search and seizure to school administrators, perhaps drug abuse could be eliminated or reduced within the high schools of America.

The **Chairman**. It surprises me that it was laced with cocaine and returned because they are returning evidence, if that is the case. I would be surprised if it were laced with cocaine and could be chemically proven, because that is all you have to be able to prove in the State of Delaware. I do not doubt you; it is just kind of surprising.

Let me start with you with my question, sir. You had a fairly comprehensive list of what the Federal Government should do. Let me ask you a question. Why should the Federal Government do any of that? I would preface it by saying that the Federal Government is involved in local law enforcement problems to the extent that it is required and it can be shown that State and local agencies are unable to handle enforcement because it has an interstate aspect to it.

We do not expect the Seaford Police to be able to interdict heroin coming from the Golden Triangle and to track through a Mafia connection coming out of New York City, down through the corridor into Seaford. So, you need that.

But it seems to me you might raise—I just raise the question. Why is it the responsibility, for example, of the Federal Government to provide rehabilitation, which is something the State is totally capable of doing. There is no Federal expertise on that. Why is it the responsibility of the Federal Government to do all the things you spoke to?

Why is that not the responsibility of the State Government? I am just curious; I am not arguing. How did you arrive at that rationale?

Mr. **McGlumphy**. Usually the—well, what we run up against is the budgetary problems. For example, in some of these programs, when we speak on a local district level, our budgets are so minimal that we can ill-afford to spend vast amounts of money, for example, on the, as I mentioned, David Toma assembly. That was a cooperative effort with the community, with the community footing most of the bill.

But in order for the school systems to operate on their local budgets and the money that they receive from the local areas, it is very small.

The **Chairman**. I am not suggesting the schools—I am just wondering why you say the States do not have that? I mean, it is kind of interesting. Every State official—forget Delaware—every State official nationally that comes to see me in Washington says, "Biden, you are a big spending Federal bureaucrat—you and Roth, all you guys down here. You have a several billion dollar deficit."

And then the State returns me tax dollars. The State has a significant surplus, year in and year out. And yet you all come down and tell me that I should be introducing programs to fund local school district projects. You do not say the county should fund those. You do not say the States should fund those. You say the Federal Government should fund those. And yet, I am one who believes, like you do very strongly, that local school districts should control the schools, not the Federal Government.

Now, again, I am just curious. I would ask all of you to respond, also. Do you want me, as your Senator who is the person in charge of this issue in the Senate to be introducing bills to that effect? Or do you think that should be being done by your State representative in Dover? I would like to hear what the rest of you have to say about that, on what are clearly local issues.

Mr. **Rescigno**. I think, Senator, it needs to begin at the State level, but I think—I am wondering how big the problem is, whether the State of Delaware could handle an all-encompassing program, especially in the treatment area, and especially in the enforcement area.

The **Chairman**. Now, I am not talking about enforcement. I did not say that.

Mr. **Rescigno**. OK.

The **Chairman**. It is clear, the Federal Government have done that. The Federal Government has taken over the biggest chunk of that and is spending billions of dollars now on that issue.

What I am trying to get at is, how do you—when we have the deficit that we have which is so staggering, and 38 States have a surplus which is significant—how do you make that—I cannot fathom the rationale.

Mr. **Rescigno**. I do not think you could.

The **Chairman**. I mean, can it be justified intellectually, you think?

Mr. **Rescigno**. No. That was an odd way of——

The **Chairman**. It is kind of odd, is it not? I just find it somewhat strange.

Mr. **McGlumphy**. Senator, we have a Republican Governor.

The **Chairman**. He is a good Governor, though.

Mr. **McGlumphy**. No, I am just kidding.

The **Chairman**. I think he is a good Governor and I think maybe if the case were taken to him, he might be more inclined to make the case. In a way, I have passed so many laws, or written so many laws, or cooperated in the writing of so many laws with Senator Thurmond and others, and I have gotten so much more money than ever before into the State of Delaware and into other States, that I am beginning to wonder whether or not I have made a mistake in making it sound like this is totally a Federal problem.

One of the reporters here, very sharp, asked me, "Well, is not a lot of this a State problem? What are you doing Biden, down here with Thurmond, talking about this Federal problem?" Whether DEA cooperates with the Seaford police force is a big Federal issue, among other things. I think we should get involved in the treatment side of encouraging States to participate. I do not know. I just wondered why you decided that it would be Federal.

Mr. **Harrison**. Senator, if I can make a comment about that?

The **Chairman**. Yes.

Mr. **Harrison**. I agree that the Federal Government is far removed from the operation of the local school districts within the States, but the problem we are all facing as administrators is simply that there are not monies currently available to local school districts in the State of Delaware to fight the problem.

The **Chairman**. Why?

Mr. **Harrison**. I do not have an answer for that.

The **Chairman**. Sure you do. Do not kid a kidder. Sure you do.

Mr. **Harrison**. Give me a minute.

The CHAIRMAN. Why? Why is the money not there? Because the State has decided that it does not want to have the money made available, right? And the local school districts decided they do not want to raise revenues to have more money, right? Is that not the reason why the money is not there? It is kind of basic, is it not?

Mr. HARRISON. Right. My point is, though, the local school districts simply do not have the current revenues available for these kinds of programs.

The CHAIRMAN. And the Federal Government does not either. We have now a $3.1 trillion debt, and after we pay for the "defense" of America and Social Security, the next biggest item, if I am not mistaken, is interest on the debt.

Mr. HARRISON. Maybe we should have these kinds of hearings with the State officials, including the Governor, in addition to those with the Federal Government.

The CHAIRMAN. I am going to keep getting money for Delaware, and like I said, we have gotten more than we have ever gotten. We will keep getting it. It is one of the advantages of being the chairperson of this committee. And I think we, the Federal Government, should be involved in all the things you said.

But I just worry a little bit about the sort of mind set that somehow we—understandably—should stay out of local school district politics and local school district judgments. Yet, on the other hand, local school districts are looking to us at the Federal level to come up with the money to provide for what are clearly, in some cases, local programs.

Others clearly are not local; others are multigovernmental and we should be involved.

Let me ask another and broader question and ask you all to respond briefly, if you could. Now, this year—I do not think I have been to any one of your high schools this year. But I have been to every one of your high schools on more than one occasion over the years.

Every high school I have gone to so far, I asked the following question. I asked the students assembled, "How many of you, either personally use, or know someone who is a close friend of yours who will this day use an illegal drug?" And about 70 to 90 percent of the students raised their hands.

Now, it is theoretically possible that they all know the same one person in the whole school. But then I asked the question, I said, "How many of you know folks that you think need counseling now because of the state of their drug problem?" And it is incredible. Anywhere from—depending on the school—40 to 60 percent raised their hands. Then I asked the following question. I asked, "How many of you either personally have, or know someone well who has, contemplated suicide in the past year?" And about 30 to 45 percent of them raised their hands. That does not mean 30 to 45 percent of all students contemplated suicide. Again, it could be, statistically, they all know the same person.

But my impression is that the problem is a lot broader, both in the schools—that is, on the campus—and among the students, than it sounded like all but one of you suggested today. So, let me ask you the following question.

What percentage of your student body—I would like each of you to take a guess, and you may not have any idea—at one time or another in this past school year, will have used an illegal drug at least one time?

Mr. McGlumphy. Senator, you are including alcohol, I assume?

The Chairman. No, let us leave alcohol out. It is a drug, in terms of the effect, but let us leave alcohol out for purposes of this hearing, not that it is any less dangerous.

Mr. McGlumphy. Including the diet pills and everything?

The Chairman. Including controlled substances—cocaine, marijuana, heroin, metamphetamines, PCP, speed, crack—all the terms you all know.

Mr. Trice. Senator, being in an isolated situation, compared to these gentlemen, I will stick my neck out first and say that it would be less, in my situation, than 1 percent.

The Chairman. Congratulations. You ought to stay right where you are. What do you all think?

Mr. McGlumphy. Counting the substances such as diet pills and what Mr. Harrison mentioned, it will probably be between 40 and 60 percent.

Mr. Rescigno. It would be hard for me to guess, but I can——

The Chairman. Were you surprised by the Dover High School survey?

Mr. Rescigno. In what respect exactly?

The Chairman. Well, in the respect that the Dover High School survey, said that—that was one of the places that I happened to speak—65 percent of the students had used an illegal drug at least once by the time they had had the survey taken.

Mr. Wood. Did that exclude alcohol?

The Chairman. Pardon me?

Mr. Wood. Did that exclude alcohol? I think that is a pretty important point.

The Chairman. I think that is a good question and I do not know the answer.

Two hundred forty-six health class students surveyed. Forty-nine percent of the students who had tried drugs—let me go back out here and make sure we are talking about what we are talking about. Excuse me for a moment. I do not have the actual survey here in front of me.

[Pause.]

The Chairman. OK, here is the number. The survey did include drugs and alcohol, but there was a question or questions on it specifically limited to illegal drugs, not alcohol, as I understand the survey. Now again, there could be a mix-up.

I do not know the answer to this question—whether or not by drugs, they meant alcohol as well as other drugs. In other parts of the survey, they say "drugs and alcohol," so I assume they meant only drugs.

Sixty-five percent of the Dover High School students surveyed admitted to trying drugs at least once, whereas in other parts of the survey, they talk about both drugs and alcohol. Now again, I cannot swear to that. We should find that out. I do not know the answer to that question.

But whether it is drugs and alcohol or just drugs, does it surprise you? Is Milford that different from Dover?

Mr. RESCIGNO. I find that to be very high. As I said, we are very vigilant and over the last 4 years since I have been in Milford, my first year as principal, I think we brought, I think, four students to the school board in the last 4 years.

The CHAIRMAN. Oh, by the way, I think if you look State-wide, there are hardly any that get brought to the school board percentage-wise. I do not know that that is determinative. I may be wrong about that.

Mr. RESCIGNO. But I feel that if you are looking at something that is that widespread——

The CHAIRMAN. I am not trying to slide something across that does not exist. I just wanted to——

Mr. RESCIGNO. Right. As I said before, I do not think we want to be naive to say that the problem is not out there. I think the schools do a fine job of controlling it. Where it happens outside of that is difficult. I am not saying that a student could not come, smoke a joint in their car, and walk in the building. I am not saying that.

The CHAIRMAN. No, no, I understand that. What I am trying to get at is two questions. One, is the degree to which there are drugs used during the day, in class, on campus—and you have all spoken to that.

What I am asking you now is a second question, and that is, to what degree do you think your students, on or off campus, use drugs, not counting alcohol—controlled substances? That is the question.

Mr. HARRISON. At Laurel High School, I would feel safe in saying that approximately 35 percent of our student body has, at one time or another, experimented with some type of drug at least one time. And if you include alcohol, then that would more than double.

The CHAIRMAN. How about you, Mr. Wood?

Mr. WOOD. Yes, I am glad we clarified that. So we are not talking about kids using drugs in schools. We are talking about experimentation, at least one time in the year. I agree. We seem to have more of an alcohol problem right now than we do a drug problem, but it is all there.

I would guess, in our bi-State community, probably 40 to 50 percent of 9 through 12, and if you went up the ladder, if you polled only juniors and seniors who, thanks to the cars, become more mobile, I would suspect it is probably 60 or 70 percent have tried something other than alcohol, and I would say marijuana or maybe some of the pep pills might be the number one drug of choice there if they had to check off a list.

I have not heard that we have the cocaine problem that some other districts seem to have. You know, this is kind of a neat panel. You have got all the head cheeses and the toe cheese here. I am not a principal. I do not have to worry about budgets or protecting my district or anything else, and I am not suggesting that these guys are.

I deal with the kids on and off the field of athletics and in my classroom every day. And kids will try everything. I am glad I did not grow up now. I would have been right with them because I was pretty ornery and a lot of them are like that. And they are going to try it. Seventy percent would not surprise me. I am not talking about 70 percent use every week.

The CHAIRMAN. No, I understand that.

Mr. WOOD. I am talking about trying.

The CHAIRMAN. Have tried at one time or another. And obviously trying one time or another does not necessarily mean that it could be only 1 percent of those or 5 percent of those kids who ever tried it are going to try it again. Who knows?

Mr. WOOD. Right.

The CHAIRMAN. What I am trying to get from you folks—because if there are any experts in the community on this subject, it is you and your fellow principals and your teachers. We can hear all the statistics and look at all the indices of use which relate everything from drug overdose, to hospital visits as a consequence of drug problems that can be identified, to arrests, to observations on places like Crack Alley as this has come to be referred to and all of that, and it may still be an incredibly small slice of the pie.

As you noticed, the national survey of high school students that was conducted, and which has been conducted every year, shows what you guys are saying and that is that drug use is down and alcohol use is up. But it is down from, for example, cocaine use. Let me be more specific.

It said that last year those seniors that acknowledged using cocaine at least once, dropped, I believe, from 17 percent to 12 percent, and the number who used other drugs was about stable, and alcohol use was up.

It would seem to me that it is an interesting thing to find out because on the one hand, to cite that we have an epidemic, which others have come in here and said—law enforcement officers and others—of crack cocaine here in this county, and then on the other hand to have the reassurance that the problem is not so bad in your schools. If you all are of the view that situations in your schools—and I went to a private school, I happen to think the best one in the State—one of those schools that sends everybody to college and one of those schools that sends about three-quarters of them to really name colleges and they have got a problem; my two sons just graduated from it, so I know they have got real live, serious problems—but if you all do not feel that that problem exists among your students, on or off campus, then it is reassuring down here.

Mr. WOOD. Did we give that impression?

The CHAIRMAN. I got the impression from the last three witnesses. I may be wrong.

Mr. RESCIGNO. What we are saying is, I think, that it is in control within the building. As I told you, I do not think we can be naive enough to believe there is not a problem. But I do feel that within the buildings, that we are controlling it. I think outside, that is a bigger picture. I think that is a different——

The CHAIRMAN. What do your teachers tell you? And anybody can speak to this. I mean, do your teachers say that when they talk about—like I said, I have been married to teachers the entirety of my adult life. My deceased wife was a schoolteacher and taught in the school system, and my present wife has taught in the school system. For the past 20 some years of my life, I have climbed in bed almost every night with a schoolteacher and all the frustrations of being married to a schoolteacher. [Laughter.]

The CHAIRMAN. Because of all the frustrations that go with being a schoolteacher, because I think it is one of the most difficult professions. I think it is an incredibly difficult job. I mean that sincerely. I have an inordinate amount of respect for the difficulty of the job.

I know schoolteachers talk about things in the school lounge, like they heard about the party this weekend. It was unauthorized at Johnny Smith's house, because Johnny's parents are away. Not only did 40 students from Seaford show up, but about 15 from Delmar came over. There were some that came over from Salisbury at that party. You know, Jones was there and you know Jones. He is always a troublemaker, and he rode his motorcycle right up on the porch and so on. I mean, teachers know that kind of detail. They know those things; they hear those things.

And if your teachers are not telling you for example, that at the parties your kids go to on the weekends, there are drugs—drugs in addition to alcohol, controlled substances, that again is reassuring, because teachers do not not know those things, unless they are a very different brand of teacher than the ones that I know.

Mr. HARRISON. Well, Senator, let us say that 35 percent would be a significant reflection or an accurate reflection of drug activity at my particular high school. For students in grades 9 through 12, there are 500 students, give or take, in those grades. Thirty-five percent is a significant number of students. So, I am not saying we do not have a problem.

I agree with the Milford principal that it is somewhat in control, not as much as we would like to have it in control, but it is something that we are aware of and we think we can identify those who may be more prone to either deal, possess, or use drugs. It is an ongoing problem and still needs to be addressed.

The CHAIRMAN. Every county is different and every school district is different. Do you have—each of you—psychologists and counselors that are not in the school permanently, but that travel within the school district?

Mr. RESCIGNO. We have a psychologist who works between—again, you are talking about funding and resources—our psychologist works between our high school and one of our elementary schools. Then we have another district psychologist who works the middle school and the other elementary school.

The CHAIRMAN. What do they tell you when they talk to these kids? Do they talk about children? Do they identify to you children with particular problems—ones that have a particular drug or alcohol problem?

Mr. RESCIGNO. Or suicide.

The CHAIRMAN. Or suicide?

Mr. RESCIGNO. Yes.

The CHAIRMAN. Now, if that is identified to you, what recourse do you have, as a principal? Is there a facility, if their parents can not otherwise afford it, that you can send them to, to get help if you conclude that that help is needed?

Mr. RESCIGNO. No, sir. What we can do is, in the case of special education students, which is a big umbrella, we can recommend counseling through their IEP, their Individual Education Plan. But in the case of your run-of-the-mill student who cannot afford it, the school psychologist kind of takes it on herself to try to best help that child, counsel that child, or a counselor.

The CHAIRMAN. Are they overloaded, in your district, or underloaded—not just with drugs. I am just——

Mr. RESCIGNO. No.

The CHAIRMAN. With those problems?

Mr. RESCIGNO. No. We are a small school and no, we are not overloaded.

The CHAIRMAN. Anyone else like to comment on that problem? If you have a student you want to get into special education, does that come out of your budget? In other words, does each school get a particular portion of their budget—I mean, you get one pot to work with from the State, as well as from the school district, right?

Mr. RESCIGNO. We get a pot from the school district. And you would have to speak to people in Dover as regards the unit system and how that works and how special education is funded through the unit system. I would not even attempt to answer that question. It is an involved process. Special education is a piece of it, but that works at the district level and it kind of gets funnelled down.

The CHAIRMAN. I see. So, if you have a teacher come to you and say,

> Mary is in ninth grade and I think Mary has serious problems, either serious learning disabilities or psychological problems. Mary cannot possibly do ninth grade work, needs to get into a special education program.

What do you do? What is the next step?

Mr. RESCIGNO. There is a process, sir. It is called intervention. You would work with that student any number of times, at least three or four times, for example, changing their courses, get them counseling, get them into smaller classes, and then after that was—have them evaluated, and after all that was determined, if that child qualified for special education placement, then it would be done. But there is no bounty system.

The CHAIRMAN. But if it ends up in special education, that is a cost. Is that the cost to you out of your budget?

Mr. RESCIGNO. No, sir.

The CHAIRMAN. OK. I appreciate that.

Mr. WOOD. Senator.

The CHAIRMAN. Yes.

Mr. WOOD. Again, remember where I am coming from—the classroom, but each district's policies on these things differ. I do not think this is statewide—and you guys can correct me if I am wrong—because our district is a little different than that. The procedures are a little bit different as far as finding out information. I question confidentiality if a psychologist could tell you——

Mr. RESCIGNO. If I can interrupt for a second, I think what the Senator is stating here is, if there is a child in trouble and in need of help, I think if a child is going to hurt himself or hurt someone else, it is that person's responsibility to let us know.

I am not saying that someone should run to us and tell us every little—no, I do not mean that. But I think it is State law—even if a teacher, if you were to find out something that was going to harm the child or harm themselves, it is your duty to come and tell someone to take care of that.

Mr. **Wood**. That is what I am trying to point out. Our particular district does not interpret it that way because, in fact, even students with health problems who are what we call—have been identified by individual education plans, no longer can we even know that they have a handicap. Our district has interpreted that as being confidential.

Mr. **Rescigno**. That is right, but you are talking apples and oranges here.

The **Chairman**. Yes, I do think we are talking apples and oranges. That is not the question I am asking, but I understand what you are saying.

Mr. **Wood**. Our district has also interpreted the same thing as far as drug and alcohol information.

The **Chairman**. I just wonder—I know in other parts of the State, the more populous parts of the State, it is not at all unusual for children to have serious learning disabilities, to be identified by the teacher as having had a serious learning disability that had not been picked up until that point in the child's education, or to have a serious drug problem, or to have a serious emotional problem, that could obviously not be handled within the normal classroom situation.

My question was, when you identify a child that falls into one of those categories, regardless of how that child is identified, are there available alternatives outside of or within the school system? Or do they go to Governor Bacon? Are there any alternatives?

Mr. **McGlumphy**. Senator, in Seaford, we have the facilities--we are kind of fortunate. We have the Turnabout Counseling Center down there in the Seaford complex, which is about 100 yards from the high school. We utilize that particular agency. We utilize the Tressler Center, and we also utilize the mobile crisis unit in suicide prevention.

So, we do have the availability of these fine facilities to refer students and their families whenever certain situations crop up.

The **Chairman**. Two more questions and I will not trespass on your time, although I will submit a couple of questions to you in writing. They will not take a lot of your time.

Do you think it would be a valuable thing, if we could afford it—and that is a relative question——

Mr. **Rescigno**. We know that.

The **Chairman**. I know you do. You are experts at that. Unfortunately, you have to be.

To have, within the school system, in each of the high schools in the State or each of the junior highs within your district, a truly qualified drug counselor, someone who is a health teacher with a serious and significant background and training, particularly in that area, and had an ancillary capability of teaching health classes? Should we be looking for this?

Look, we are about to spend, federally, somewhere around $1.3 billion on education. One of my great worries is—I mean drug education specifically—I am not at all sure we are going to have any notion of how to go about doing that.

That is not a criticism of the education system. I mean, you may conclude that you do not use the education—Bill Bennett may recommend those education dollars be spent on national advertising and none of it go to the schools. He may come along and recommend that they be spent on State agencies and none of it go to the schools. He may recommend it all come through the school districts and they set up their individual drug programs.

You have all been in the business a long enough time to know how hard it is to get a kid's attention, especially to dissuade a kid, through a lecture and/or a pamphlet and/or a movie, to avoid something you wish them to avoid, to not be somewhat, at least if not cynical, somewhat apprehensive about how this may or may not come about.

Do any of you have any ideas, if you had the ability and if you had the money, about what you would do with drug education?

Mr. HARRISON. I would like to respond to that, if I could, Senator.

During the course of any given school day, there are a number of adults that do an awful lot of counseling. Obviously, in our building, there are two administrators and we are constantly meeting with students individually and providing the best counseling we can. We have three guidance counselors. We also have a school nurse who does extensive counseling with students.

As you indicated earlier, we also have district psychologists that, in a very limited way, have some time to counsel students with really extreme problems. It does not seem to be enough yet. I would welcome, as a school administrator, any extra help the way you just indicated as far as a professional, maybe with more training, more time available to do more intensive work with individual students than we have right now.

Even though we have an awful lot of people working awfully hard, we do not seem to be making a lot of real progress in meeting the needs of students as far as drugs and dependency is concerned. So, I would think that would be a positive step, as far as we are concerned.

The CHAIRMAN. Basically drop society's problems on your laps. You wonder why we have a problem. Statistically, it runs something like—and I keep in mind that old admonition of Clements. He says there are three kinds of lies—lies, damn lies, and statistics. But that somewhere on the order of 6 out of 10 people who will be married today will not be married 2 years from now. Some other startling statistics in that range: Something like 7 out of 10 children who are alive now between the ages of 5 and—who are born today, will not make it to age 16 without at least 1 year of their life being in a single-parent household, being in a household where they are in a foster home, being in a household where they are out of the care of the parent because of incarceration or some other reason.

Only a small percentage of the families in America that are what we used to call growing up, a nuclear family.

Mr. RESCIGNO. Ozzie and Harriet.

The CHAIRMAN. Where mom and dad have never been divorced, never been separated; where they will go through their whole life in that circumstance; where mom is home or dad is home all the time; and where there is only one family wage earner during that period. The so-called nuclear family does not exist anymore, and it has wrought great change, yet the school systems have been the only ones, basically—that is an exaggeration—but they have been the ones asked to deal with those changes.

By the way, we called the supervisor of the school paper, a young woman named Pat Thompson and she said that the 65 percent figure, in the response to the Dover High School survey conducted by the school newspaper, was 65 percent just drugs, not alcohol. That 65 percent of the students surveyed, of the 246 students in health classes in Dover High School, said that they had used an illegal drug at least once up to the point of the time that survey was taken, which is kind of in line with what statistics are running around the country and up and down the State.

I am pleased that there still appears to be a delineation. The more rural the area, apparently, the less likely to reach that figure.

Well, would anyone like to make a comment in closing or any observation?

[No response.]

The CHAIRMAN. If not, I appreciate you all being here. Mr. Trice, I particularly appreciate you allowing your students to be here earlier in the day. I think that is extremely useful. And I do think, as you pointed out—I happen to be one who thinks there is a valuable place and a need for private education, as well as public. But I acknowledge that those in public education do not have quite the alternatives that private educators have, not that private educators always have any more money, but they do not have to do what you have to do in terms of accepting every student either.

Again, you have been very, very helpful to us. I hope you will be willing as this goes on, and it is going to go on for some several years I suspect, to be occasionally available to my staff and to me to give the benefit of your judgment and your ideas. I mean that sincerely. It is useful.

Too often, we spend a lot of time speaking to people who appear and do not have to have a hands-on relationship with or actually deal with the people that we are talking about—and we are most concerned about that right now.

So, you have been very helpful, and I thank those of you in the audience who have been able to sit through this process with one 15-minute break, which means you probably did not get a chance to have any lunch at all. With that, the hearing will be adjourned until the next hearing on this issue, which will come about shortly.

Thank you.

[Whereupon, at 3 p.m., the committee was adjourned, subject to the call of the Chair.]

APPENDIX

Brandywine Counseling
and Diagnostic Center

TO: SENATOR JOSEPH R. BIDEN, JR.
D-DELAWARE

FROM: KAY MALONE, RN-CD/MHS

DATE: April 24, 1989

RE: PUBLIC HEARING IN GEORGETOWN, DE.
"ON THE GROWING PROBLEM OF DRUG ABUSE
AND DISTRIBUTION IN RURAL AMERICA

Senator Biden:

Any hearing public or otherwise would not be complete or accurate with out a statement regarding the increased incidence of babies being born with drugs in their urine, born addicted to cocaine, alcohol, heroin etc., and more often than not also HIV+. Women constitute 7% of all reported AIDS cases in the United States. Fifty-two percent (52%) of women with AIDS are introvenous drug users and 27% are non-intravenous drug users (IVDU's) who are the sex partners of IVDU's. Of importance, 78% of women with AIDS are between the ages of 13 and 39, the peak sexually active and childbearing ages. In pediatric AIDS, 45% of white and 88% of non-white children acquired the disease from an IVDU parent. Not a week goes by that I don't see several pregnant women at the Christiana Hospital, or Hi-Risk OB clinic or here at Brandywine Counseling that are actively using drugs, especially cocaine. Not a week goes by that at least one baby is born in Delaware with drugs in its urine. I would welcome showing you and the committee films I have of these desperately ill victims of drug abuse.

Babies born to women using drugs are likely to be much smaller in size, have upper respiratory problems, are more inclined to suffer and die from Sudden Infant Death Syndrome (SIDS) (CRIB DEATH). One out of six babies born to cocaine using women die from SIDS. It only occurs one out of 250 in the general public.

Women who use cocaine risk having a spontaneous abortion, or abrutio placenta where the placenta rips away from the uterus causing hemorrhaging and sometimes death.

The use of cocaine has been known to cause cerebral hemorrhage (strokes) in the infant. All of this is bad enough but the worse part as I see it is for the infant does survive. These babies go home from the hospital with their drug abusing mothers. You have a drug addicted mother with a rotten self image, a desperate need for medical and emotional care, no parenting skills, no patience, no self-discipline and you send her home with a baby who incessantly, can't eat well due to a poor sucking reflex, poor sleeping

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patterns due to ill health and withdrawal symptoms. If thats not a perfect set up for child abuse/neglect I don't know what is. Couple that with the possible knowledge that this baby is HIV+ and you have a real volatile situation. An accident waiting to happen. I don't know the solution to the problem but I do have some ideas and suggestions to kick around with anyone who is as seroios as we are at Brandywine Counseling and Diagnostic center to do something about this most serious subject. If we continue the way we are now we are committing genocide. It has been estimated that by the year 2000 there will have been born 200,000 babies HIV+ -Not a very rosy picture for the future and I do believe we as a nation have always advocated for and depended upon our youth for the continuance of our society. We need to act NOW! John Keats once said- "Work is love made visible",. This is work, we do love, but we have to be a lot more visible.

Thank you sincerely for your time. Please let me know if I can be of any assistance in your endeavor to combat our common enemy. Brandywine Counseling and Diagnostic Center is the largest outpatient drug treatment facility in the state. I would welcome an opportunity to give you a tour of our facility and acquaint you with our services. I have enclosed our brochure, a brochure on the effects of alcohol on the fetus and a copy of a piece of the report of the surgeon generals workshop on Children with HIV Infection and Their Families.

/byw
Enclosures

INTRAVENOUS DRUG ABUSE AND WOMEN'S MEDICAL ISSUES

Constance B. Wofsy, M.D.

Epidemiology

Women constitute 7% of all reported AIDS cases in the United States, in striking contrast to the ratios elsewhere. Of women with AIDS, 28% are white, 51% are black, 20% are Hispanic/Latino.

Table 1. *Women with AIDS*
Percent of Total AIDS Cases

International	
Central Africa	40%-50%
Haiti	20%-25%
Canada, France	12%
U.S.*	7%

*If male homosexuals/bisexuals and hemophiliacs are excluded, women make up 30%

Fifty-two percent of women with AIDS are intravenous drug users (IVDUs), but 27% are non-IVDUs who were infected by a male sexual partner, usually an IVDU male. Of importance, 78% of women with AIDS are between the ages of 13 and 39, the peak childbearing ages. In pediatric AIDS, 45% of white and 88% of non-white children acquired the disease from an IVDU parent.

It is estimated that there are more than a half million regular or casual IVDU women in the United States. As many as 75,000 women IVDUs and 20,000 non-IVDU female partners of male IVDUs may already be infected with the virus. With an estimated 1-2 million Americans infected, there may be 200,000 women who carry the virus. Many haven't a clue that they are infected. The most highly represented populations of infected women, IVDUs and nonwhites, are already highly stigmatized, but we must not let fear of stigma immobilize educational efforts.

Transmission

HIV has been isolated from blood, semen, and cervical secretions. Transmission can occur by vaginal intercourse from man to woman and from woman to man. Long-term sexual partners having unprotected sex with an infected person for several years have a 15%–45% chance of becoming infected. An interesting study done in Miami examined the percent of seroconversion in 32 couples after they learned that one was seropositive. Eight chose abstinence and none seroconverted. Ten chose to use condoms and only one seroconverted. Fourteen did nothing in the way of protection and 12 became seropositive.

Table 2. *Relationship Between Condom Use and Seroconversion*

	N	SEROCONV	%
Abstinence	8	0	0
Condom	10	1	10
No Condom	14	12	86

Fischl, et al. *JAMA* 1987; 257:640

Sexual partners who also share needles are at even greater risk.

Women Who Use IV Drugs

IVDUs are hard to reach. Only an estimated 15% are in treatment programs. To reach others, we must rely on community networks, health clinics, jails, schools, churches, and the media. For those with little education and short attention span, the message must be simple and direct, and the language culturally specific. Many who use drugs do not perceive of themselves as users. Those who do not understand the health risks and the need to clean needles may continue to share because they erroneously consider their partner to be nonrisk. Sharing is socially expected; the urgency of the fix exceeds the risk; carrying drug paraphernalia like a clean needle or bleach bottle may make one subject to arrest. The sexual and needle risks for the woman often come from a man who is also a user, and even more recalcitrant in acknowledging his own risk and in taking responsibility for his female partner.

Our research group in San Francisco studied 289 sexually active women, none of them prostitutes, and found that 5% were seropositive. These were self-referred, so they do not represent a cross-section of the city. All of the seropositives have a personal history of intravenous drug use or have a sustained relationship with a specific high-risk partner. For over a year and a half, we followed 200 women with no such personal history and found only one seroconversion in a city rampant with HIV.

Women IVDUs have few resources. They often have responsibility for children, multiple health problems, lack of family support, lack of money, depression, and low self-esteem. Prostitution may be a means of support for the drug habit and family.

HIV Infection and Pregnancy

IV drug use does not inhibit fertility; some of these women have several children and may desire more. Birth control is often limited because of perceived lack of risk of pregnancy, irregular periods, decreased sexual frequency as a result of drug use, and lack of power to control the sexual expectations and preferences of male partners.

Few programs are targeted at pregnant addicts. Existing programs may be costly and too understaffed to deal with family patterns of abusive treatment, implementation of childbearing skills, and birth control education.

An infected woman has a 20%-60% chance of passing infection to her child. An infected child is very likely to die, or be severely ill by two years of age. Pregnancy may accelerate HIV expression in the woman and thus should be avoided for the sake of mother and child. In one study, however, it was found that 25% of infected babies were born to mothers who hadn't a clue they were infected or that their partners were in a risk group. The infected infant established the mother's diagnosis.

Many women who have had an infected child nevertheless have proceeded to have additional children despite intensive culturally specific counseling. Childbirth may provide self-esteem or be culturally expected.

Clinical Expression of HIV Infection in Women

The spectrum of HIV-related infections and malignancies is similar in men and women, except that women rarely get Kaposi's sarcoma. Gynecologic problems do not seem to be significantly increased.

Symptoms of HIV infection in women may be overlooked by physicians for many reasons. Non-IVDU women are perceived to be a low risk group and HIV symptoms are nonspecific. IV drug users have medical problems whose symptoms mimic HIV related disorders (e.g., bacterial endocarditis, cotton lung, skin infections). Physicians may feel inadequate to the task of AIDS care, may wrongly assume that all infected women are IV drug users or prostitutes, or may not have overcome their own fears. It is known that strong stigma and profound repercussions may result from the identification of an infected individual. Availability for HIV testing or adequacy of the medical staff and community to deal with the consequences are lacking. Thus, strong clues to infection may be overlooked and women may proceed under the illusion that there are no risks.

Societal Issues for Women Infected with HIV

HIV infected women come from all walks of life. Forty-eight percent don't use IV drugs. Many issues cross all class, race, and cultural boundaries – for example: 1) extreme isolation – infection is often kept rigorously secret, depriving women of the desperately needed support of family, friends, community, and particularly other infected women; 2) profound grief for the loss of health, body image, sexuality, and childbearing potential; 3) unavailability of medical care, counseling, child care, housing, and related services; 4) lack of informed primary care, OB/GYN, sex counselors, and abortion counselors; 5) the burden of making decisions about initiation, continuation, and termination of pregnancy; 6) the lack of natural "community," such as shared by gay men; 7) the abruptness of the diagnosis, which may be disclosed at the birth of an infected baby or death of a spouse; 8) loss of self-esteem – feeling dirty, useless, unwanted, and unlovable; 9) the feeling of responsibility from watching a child die; 10) the stigma that "women with AIDS are prostitutes who infect their children"; and 11) lack of male responsibility, and the societal assumption that women have the responsibility for control of sex and conception.

Importance of all Women to the AIDS Epidemic

Women still constitute the large bulk of the country's educators and caregivers through roles of teachers, nurses, social workers, counselors, girlfriends, wives, and mothers. All persons in these positions shoulder a great responsibility. They are expected to overcome their own fears, become comfortable with sexual, drug, and lifestyle issues, acquire wisdom, nurture and teach the young, comfort the fearful, and care for the sick. It's a tall order.

FAS

Fetal Alcohol Syndrome

un programa para la familia / a family program

Brandywine Counseling
and
Diagnostic Center

305 West 12th Street, Wilmington, Delaware 19801
(302) 656-2348

During this very special time of your life, you will be filled with dreams and plans and questions . . . Is it a boy? Is it a girl? What color hair? What color eyes? But none of the questions really matter as long as the baby is healthy. All the dreams and plans can be shattered by alcohol. It's called **FETAL ALCOHOL SYNDROME (FAS).** Although FAS was not formally named by researchers until 1973, it is not really news that alcohol consumed during pregnancy can harm an unborn child. There were rituals in ancient Carthage and Sparta which prohibited bridal couples from drinking to protect any child that they might conceive. Plato, the Father of Western Philosophy, often talked of establishing an ideal state saying that all alcoholic beverages would be banned to any couple that was considering childbearing. In the Bible, Judges 13: 7, an angel tells Sampson's mother, "Behold, thou shall conceive, and bear a son, and now drink no wine or strong drink."

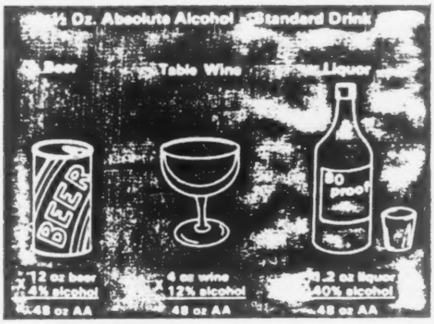
FETAL ALCOHOL SYNDROME (FAS) is a pattern of physical and mental defects that is a direct result of the mother's drinking alcohol during pregnancy. The following specific disorders are present, in varying degrees of severity, when a child is born with FAS.

1. **PRE & POST-NATAL GROWTH DEFICIENCIES**
   - lower birth weight
   - decreased birth length
   - smaller head circumference
2. **FACIAL ABNORMALITIES**
   - small head head circumference
   - narrow eye slits
   - underdevelopment of mid-face region
   - flattened area above upper lip
   - thin upper lip (no cupid's bow)
3. **CENTRAL NERVOUS SYSTEM INVOLVEMENT**
   - neurologic abnormality
   - developmental delay
   - intellectual impairment

If only some of these disorders are present, then a diagnosis of **Fetal Alcohol Effects** may be made.

FAS is the leading cause of mental retardation in the United States. It is also the only cause of mental retardation that is totally preventable. It can be prevented by abstaining from any alcoholic beverage while pregnant. There is currently no known safe time to drink and no safe alcoholic beverage. **The issue is alcohol not alcoholism.**

The most widely held belief is that there are adverse effects from alcohol as

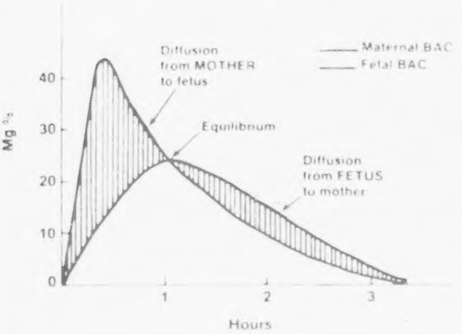


a result of its cumulative action throughout the pregnancy based on the following variables:

1. Blood alcohol content
2. Critical stages of fetal development
3. Individual genetic and physiological differences in susceptibility

BLOOD ALCOHOL CONTENT — How much alcohol?

Maternal and Fetal BAC · Diffusion of Alcohol Following Single Drink



When a pregnant woman drinks, her blood alcohol content increases and so does her unborn baby's. The placenta does not prevent alcohol from reaching the baby. The baby's blood alcohol content will increase at much the same rate as its mother's and remain at a higher level than its mother's for a longer period of time. This occurs because the liver, the organ that rids the body of alcohol, is immature in an unborn baby. Therefore, the mother's liver must rid both bodies of alcohol, and it cannot remove alcohol from the unborn baby until all the alcohol has been removed from the mother.

CRITICAL STAGES OF FETAL DEVELOPMENT -- When Does the Exposure Occur?

As stated earlier, there is no safe time in pregnancy to drink. The potential for damage is always present, but what type of damage may depend upon the time of the alcohol exposure.

FIRST TRIMESTER –

During this period of the pregnancy, there is rapid structural growth for all of the body's systems. The consumption of alcohol may result in defects in these vital systems and cause growth retardation by decreasing the actual number of fetal cells produced.

SECOND TRIMESTER –

Growth retardation continues as a result of alcohol's interference with fetal metabolism and absorption of nutrients. The most critical problem could be fetal loss due to repeated loss of oxygen by the fetus from alcohol exposure as well as the danger of premature separation of the placenta.

THIRD TRIMESTER –

The central nervous system may be the most susceptible to injury because this is the time of rapid brain growth and neurophysiological organization.

INDIVIDUAL GENETIC AND PHYSIOLOGICAL DIFFERENCES IN SUSCEPTIBILITY

Research has shown that 56% of women who drink heavily and 89% of women who drink moderately during pregnancy have children that are unaffected by alcohol. As a result of these findings, the current belief is that there are undetermined biological predisposing factors which may cause specific fetuses to be at either high or low risk for FAS or FAE. Currently research is being done in this area in an attempt to determine the possible effects of alcohol on a fetus due to the father's use of alcohol. The possibility that vulnerability to alcoholism is inherited implies that a father's vulnerability can be passed on to his children.

CAN YOU TELL THEM IT'S OKAY TO

DRINK ALCOHOL DURING PREGNANCY

FEES

Payment for services at BCDC is on a sliding-fee scale based on individual and/or family income. No one is turned away because of an inability to pay. Third-party payments are also accepted, and BCDC will help ensure that patients receive maximum benefits within the structure of their particular insurance plans.

IMMEDIATE HELP IS AVAILABLE

People suffering from alcohol and drug abuse need help. If you or someone you know has a substance abuse problem please call (302) 656-2348

Monday-Thursday: 6:15 a.m. to 5:30 p.m.
Friday: 6:15 a.m. to 4:00 p.m.

Or send for more information on substance abuse and the services available at BCDC. Write:

Brandywine Counseling
and Diagnostic Center
305 W. 12th Street
Wilmington, DE 19801

Brandywine Counseling
and Diagnostic Center

BRANDYWINE
COUNSELING & DIAGNOSTIC CENTER

For the diagnosis,
treatment, and prevention
of substance abuse

INTRODUCTION

Drug and alcohol abuse is a very real and growing concern in our society, affecting the lives of millions of Americans every day. Unfortunately, people suffering from substance abuse often deny the grip that drugs and alcohol have on their lives and are unable to ask for help. But the symptoms of substance abuse, though frequently subtle, can be detected. Warning signs may include a loss of appetite, erratic mood swings, or a change in performance.

At Brandywine Counseling and Diagnostic Center (BCDC), people suffering from substance abuse can be diagnosed and successfully treated in a supportive, professional environment.

Licensed by the State of Delaware as a nonprofit, outpatient facility, BCDC* is staffed with certified alcohol and drug counselors, registered nurses, physicians, and a psychologist, who all work closely with patients and their families. BCDC's staff performs diagnostic evaluations to determine how and in what areas substance abuse is affecting the patient's life. They are then able to administer appropriate treatment or, if necessary, refer the patient to another provider.

BCDC extends a full range of services to individuals and their families and is available for consultation with the medical, educational, and industrial community.

In addition, BCDC offers individual or group outpatient counseling, as well as psychological and medical evaluations. Marriage and family counseling is available to those whose lives are disrupted by a family member's abusive behavior. BCDC also provides services aimed at the pregnant substance abuser, whose needs are more specialized.

*BCDC is fully accredited by the Joint Commission on the Accreditation of Hospitals.

PREVENTION-EDUCATION SERVICES

At BCDC, it is believed that prevention and early intervention through education are the most effective tools a community has in fighting substance abuse. That's why BCDC offers educational presentations throughout the area to schools, community groups, and individuals requesting information about alcohol and drug abuse.

A team of prevention specialists provides additional help through these services:

- Fetal Alcohol Syndrome Prevention Education
- Information and Referral
- Community Speakers Bureau

DIAGNOSTIC & EVALUATION SERVICES

A multidisciplinary team of professionals at BCDC conducts a comprehensive assessment of an individual's physical and psychological social well-being as it is affected by drug and alcohol use. Upon completion of this assessment, an appropriate recommendation for treatment or referral is made.

The evaluation process can include:

- Medical Evaluation
- Psychological Evaluation
- Pre-employment Evaluation
- Physical History and Examination
- Laboratory Testing (including drug screening and urine surveillance)
- School Intervention

ADULT TREATMENT SERVICES

The adult treatment services at BCDC focus on the specific needs of individuals and/or families by addressing the factors contributing to and resulting from substance abuse. The specially trained treatment team evaluates the individual's needs, makes recommendations, and, with the patient and family, formulates the most effective treatment plan.

Services can include:

- Recovery Training
- Family Counseling and Therapy
- High-Risk Pregnancy Treatment

ADOLESCENT SERVICES

Adolescents suffering from alcohol and substance abuse are candidates for admission to this specialized, family-oriented program. Family, school, and other areas significant in the adolescent's growth are involved in the treatment process.

The treatment process can be supported by:

- Family Education Counseling
- School Intervention and Evaluations

NARCOTICS TREATMENT SERVICES

At BCDC, the narcotics treatment program is administered by a specially trained multidisciplinary treatment team that uses a variety of approaches and activities based on the special needs of each patient. The program may include the transitional use of therapeutically administered substitutes, such as Trexan® and methadone.